

**DESCRIPTION OF CIRCUMSTANCES OF THE INCIDENT**  
**3/9/2016**

Patient: [REDACTED]

DOB: [REDACTED]

Acct # 41117

Patient, [REDACTED], had a scheduled angiography of LLE on 3/9/2016. During procedure a showering of thrombus occurred from the SFA lesion. Patient was transferred from facility to ORMC so an open thrombectomy could be performed by operating surgeon.

*Erika D Johannsen, RN-BSN*

*Vascular Specialists of Central Florida*

*80 W. Michigan Street*

*Orlando, FL 32806*

407.648.4323, ext 131

[ejohannsen@arteryandvein.com](mailto:ejohannsen@arteryandvein.com)

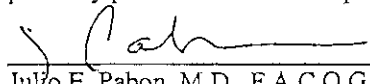
Julio E. Pabon, M.D., F.A.C.O.G  
Fertility Center and Applied Genetics of Florida  
Reproductive Endocrinology and Infertility

Progress Note

Name: [REDACTED]  
DOB: [REDACTED]  
Date: 03/14/16

The patient was brought to the procedure room after the appropriate time-outs were carried out and the time of this dictation is 1:35 p.m. The time-outs were carried out at 12:16 and 12:15 p.m. [REDACTED] was brought to the OR and received IV by the anesthesiologist and then received 2 g of Ancef prophylaxis and [REDACTED] received the test dose of propofol for anesthesia. As I began the examination, the speculum was placed in the vagina and vaginal walls were cleansed with dilute Betadine solution and washed away with sterile saline solution. I then placed the ultrasound probe with the needle guide and continued with 16 gauge double lumen Cook needle and [REDACTED] received a little more anesthesia. When [REDACTED] was felt to be comfortable, I evaluated the pelvic anatomy, assessed the location of the large pelvic veins and arteries and assessed the track for the needle aspiration. I then placed pressure in the right vaginal fornix, found an avascular plane and punctured the patient's right ovary, entering the first two follicles and irrigating with HTF fluid solution in order to try to obtain the oocytes. The first two punctures did not yield oocytes and at that point [REDACTED] began to cough violently. I immediately withdrew the needle and instrument and [REDACTED] anesthesiologist noted that [REDACTED] was coughing, he used a suction probe to suction [REDACTED] oropharynx and it was found to be dry. Nonetheless, [REDACTED] started to cough more loudly. I terminated the procedure placing the ultrasound and needle on the OR table and then moved to the head of the table to assist the anesthesiologist in managing the patient. We provided chin lift and 8 liters of nasal cannula oxygen. He requested a laryngoscope that was promptly provided and he placed a laryngoscope to lift the patient's tongue and view [REDACTED] airway and it was found to be clear. Nonetheless, [REDACTED] continued to cough as though [REDACTED] was having difficulty breathing. We saw [REDACTED] chest wall moving and air moving, but [REDACTED] O2 sats had dropped to 90 to 92. He then requested the LMA and this was placed by the anesthesiologist, to control [REDACTED] airway. Then, [REDACTED] coughed once again and a little bit, maybe 3 cc, of yellow fluid was noted and it was suspected to be emesis. This was quickly suctioned with the suction apparatus and then the LMA was used to provide the patient ventilation. The LMA was left in place. He suctioned around it and [REDACTED] had rising oxygen saturations in the range of 93 to 95 and had otherwise normal vital signs. Emergency medical services were summoned and they arrived here at 1 p.m. The patient was awake and alert and understandably upset as we were not able to complete [REDACTED] oocyte aspiration procedure. We provided them with information regarding our concerns that [REDACTED] needs to be evaluated for possible aspiration and they transported [REDACTED] to the Sarasota Memorial Hospital emergency room. I spoke with Dr. Kruglick, the attending on staff and reviewed [REDACTED] case. He will be there to receive the patient and assess [REDACTED] for possible aspiration. Please note the patient was conversant, even though upset and wanted to proceed with [REDACTED] procedure, but I explained to [REDACTED] that it was not wise to proceed if we had a concern about possible aspiration.

It is my suspicion that the patient may have a component of gastroparesis and will have to be evaluated for this should [REDACTED] require a procedure like this in the future. In such a case, [REDACTED] followup procedure will be probably performed under complete airway control with an endotracheal tube at the surgery center.

  
Julio E. Pabon, M.D., F.A.C.O.G  
JEP/SM/2016582701/sv/JN

D: 03/15/16

201611752-62

STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE DOH Consumer Services  
ADVERSE INCIDENT REPORT

MAR 28 2018

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Fertility Center and Applied Genetics of FL  
Name of office

Sarasota 34232 Sarasota  
City Zip Code County

J.E. Pabon, MD ME68597  
Name of Physician or Licensee Reporting

6050 Cattle Ridge Blvd Ste 103  
Street Address

941-342-1568  
Telephone

ME68597 DSR724  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient's Address  
CUNME000  
Patient Identification Number  
Infertility  
Diagnosis

Age 31/5/2016 Gender ☐ Medicaid ☐ Medicare  
Date of Office Visit  
Oocyte Harvest  
Purpose of Office Visit  
117.918  
ICD-9 Code for description of incident II  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/15/2016 1236pm  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other Office Procedure room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Anesthesiologist sedated Patient with IV Propofol. Patient began to cough and due to cough and associated movement procedure was stopped. Patient Airway suctioned by Anesthesiologist and noted slight amount of possible emesis. Pt. Awoke and conversant but continued to cough. Since Oxygen Saturation was 92-94% on Nasal oxygen we had EMS transport her to Sarasota Memorial Hospital for evaluation and a Chest X-ray. At 4:25pm Nurse informed me that the Chest X-ray was Normal and that [redacted] was being observed with Normal Oxygen Saturation at Room Air.

J. Pabon MD

B) ICD-9-CM Codes

58970

T17.91X

NONE

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

ULTRASOUND GUIDED ASP. OF OV FOLLICLES / Cough

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Please see dictated Prog. Note

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>OBSERVATION ONLY</u> Name of facility to which patient was transferred: <u>SARASOTA MEMORIAL HOSPITAL</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

941-344-4790  
John Nuzneski, MD - ME47731 Anesthesiologist, Julie E. Pabon, M.D.  
surgeon ME168597, Ashley Seabough, Circulator/Chaperone  
941-342-1518 941-342-1518

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Above + observing Medical Student Mike Warren 727-743-7738

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Please see dictated progress note

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

We will be proactive in asking patients about history of gastroesophageal or significant reflux problems.

PLASTIC SURGERY INSTITUTE  
OF THE PALM BEACHES, INC.

HAROLD BAFITIS, D.O., MPH, FA.C.O.S., FA.C.S.<sup>†</sup>

Board Certified in Plastic and Reconstructive Surgery<sup>†</sup>  
Board Certified in General Surgery



DOH Consumer Services

March 16, 2016

2016/1287

MAR 18 2016

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

ATTN: Department handling all Physician's Office Adverse Incident Reports

To whom it may concern:

Please find the attached "Adverse Incident Report" detailing the events that occurred in my AAAHC certified surgery center on February 9, 2016. As documented in the report, all measures were taken and proper protocols followed which we believe have resulted in the patient fully recovering without a single deficit. The patient has resumed all normal activities of daily living.

If there are any questions please call my office at 561-795-3787 and please note that a hard copy has been sent in the mail to Department of Health, Consumer Services Unit in Tallahassee Florida.

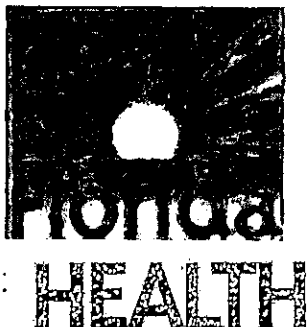
Regards,

 /BAFIS

Harold Bafitis, D.O., MPH, FACOS, FACS



2016/2895



STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

APR 13 2016

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

LIFELINE VASCULAR ACCESS CENTER  
Name of office

ALTAMONTE SPRINGS 32701 SEMINOLE  
City Zip Code County

MATTHEW SOLIS RT(2)  
Name of Physician or Licensee Reporting

\_\_\_\_\_  
Patient's address for Physician or Licensee Reporting

337 S NORTHLAKE BLVD STE 1002  
Street Address

407-260-1679  
Telephone

CRT71880  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

\_\_\_\_\_  
Patient's Address

\_\_\_\_\_  
Patient Identification Number

N18.6  
Diagnosis

\_\_\_\_\_  
Age Gender ☐ Medicaid ☐ Medicare

3-23-16  
Date of Office Visit

THROMBECTOMY  
Purpose of Office Visit

I82.869A  
ICD-9 Code for description of incident

Level of Surgery (II) or (III) (II)

III. INCIDENT INFORMATION

3-23-16 10:38 A.M.  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other PROCEDURE

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

PATIENT WAS ON TABLE FOR A THROMBECTOMY. IT BECAME UN-  
RESPONSIVE AT O2 SAT WAS 79%. AFTER STERNAL RUB BY RN,  
PATIENT BECAME RESPONSIVE. 2mg TPA ADMINISTERED. PATIENT WAS  
ALERT AND ORIENTED X3. EMERGENCY SERVICES WERE CALLED AND  
PATIENT WAS TRANSPORTED TO HOSPITAL.  
FOLLOW UP 3/24/16 - PATIENT'S SON WAS CALLED. PATIENT WAS DISCHARGED  
SAME DAY AS INCIDENT. [REDACTED] WAS AT DIALYSIS FOLLOWING DAY

B) ICD-9-CM Codes

N18.6 T82.510A Y83.8 R06.02,  
Surgical, diagnostic, or treatment Accident, event, circumstances, or Resulting injury  
procedure being performed at time of specific agent that caused the injury (ICD-9 Codes 800-999.9)  
incident (ICD-9 Codes 01-99.9) or event. (ICD-9 E-Codes)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

EKG MONITOR, OXYGEN

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only <u>DISCHARGED FROM ER</u> Name of facility to which patient was transferred: _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons; including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

DR. PAUL DREYER M.D.  
LISA KOVACS RT(R)  
DESAIE ELLIS R.C.I.S., RN  
ALAN RUBINOFF RT(R)

F) List witnesses, including license numbers if licensed, and locating information if not listed above

MATTHEW SOLIS RT(R)

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

DIFFICULTY BREATHING, UNRESPONSIVE

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

CONTINUE TO MONITOR PATIENT AT PROCEDURE TABLE. CLOSELY AND  
BE DILIGENT TO ANY SIGNS OF COMPLICATIONS

201612803-52



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

DOH Consumer Servi

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

APR 13 2016

I. OFFICE INFORMATION

University of Miami - Interventional radiology

Name of office miami-  
Dade  
City Miami Zip Code \_\_\_\_\_ County \_\_\_\_\_

Name of Physician or Licensee Reporting DR Loay salman

Patient's address for Physician or Licensee Reporting \_\_\_\_\_

1951 NW 7 Avenue #1500  
Street Address

305-243-8101  
Telephone

ME95333  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name \_\_\_\_\_

Patient's Address \_\_\_\_\_

Patient Identification Number med: 20106713

Diagnosis outflow stenosis of  
arteriovenous Fistula

male ☒ ☐  
Age 3-25 Gender 2016 Medicaid Medicare

Date of Office Visit \_\_\_\_\_

Purpose of Office Visit Angiogram of

ICD-9 Code for description of incident AV Fistula

Level of Surgery III or (III) n18.6

III. INCIDENT INFORMATION

3/25/2016 10:40am  
Incident Date and Time

Location of Incident:  
☒ Operating Room ☐ Recovery Room  
☐ Other \_\_\_\_\_

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☒ No  
Was an autopsy performed? ☐ Yes ☒ No → N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Patient was noted to have reduced respiratory rate followed by apnea. Procedure was stopped and code was called. naloxone of 0.4mg and Flumazenil of 0.5mg were both administered I.V.. Immediate reversal of sedation was noted. Patient began to breath spontaneously and respiratory saturation improved. Ems arrived at 1055am and patient was transferred to Emergency Room. Pt was sleepy, yet arousable and hemodynamically stable at time of transfer.



201612768  
STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office Sarasota Intervention and Radiology Street Address 600 N. Littleman Rd  
City Sarasota Zip Code 34232 Telephone 941-378-3231  
Name of Physician or Licensee Reporting Dr. Gerald Grubbi License Number & office registration number, if applicable \_\_\_\_\_  
Patient's address for Physician or Licensee Reporting \_\_\_\_\_

II. PATIENT INFORMATION

Patient Identification Number [REDACTED] Age 32 Gender Male ☐ Medicaid ☐ Medicare  
Diagnosis Back pain & @ hip pain Date of Office Visit 3/28/16  
Purpose of Office Visit St. joint inj  
ICD-9 Code for description of Incident M59.5  
Level of Surgery (II) or (III) II

III. INCIDENT INFORMATION

Incident Date and Time 3/28/16 1215  
Location of Incident: ☐ Operating Room ☐ Recovery Room  
☒ Other CT Room  
Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☒ No  
Was an autopsy performed? ☐ Yes ☒ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

please see printed account - attached to report

[REDACTED]

3-28-16 1215 Called to ct on pt unresponsive with seizure like activity- moving all extremities with jerking motion noted. Pt prone on Ct table. Pt placed on oxygen, called for assistance in room. Dr. Grubbs, Crash cart & anesthesia at bs. Pt connected to monitor- ST on cm 129 with pulse b/p 146/76 o2 80%. Oral airway placed and ventilation started bvm. Sat increased to 100% good chest rise obtained. Seizure like activity stopped after administration of versed by anesthesia. Continued airway management- pt responding only to painful stimulation. 134/74, 92, 19 100% bvm. 1245 Pt transferred to recovery for further monitoring 125/87 83, 14, 97% on 6 l n c 97.2 l n recovery pt begins to respond to verbal commands grips equal, no facial drooping, able to move all extremities. Pupils remain pinpoint with sluggish response. Anesthesia remains at bs. EMS called for transportation to Doctors hospital. Pt becomes more alert trying to talk with oral airway in place, oral airway removed, good gag reflex and swallowing without difficulty. Spouse brought to bs, Dr. Grubbs at bs speaks with spouse. Ems arrives report given and pt is transported to Doctors hospital in stable condition. Wendy Sanders, RN

*Wendy Sanders, RN*  
3/28/16

B) ICD-9-CM Codes

m 25.951

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury, or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

distance monitor, crash cart, (written May 2002)

D) Outcome of Incident (Please check)

on ring - 10/1/02

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer - e.g., death, brain damage, observation only

Name of facility to which patient was transferred

Drum Hospital

- ☐ Surgical procedure performed on the wrong site \*\*
- ☐ Wrong surgical procedure performed \*\*
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

\*\* if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Dr. [Signature] [Signature] Kelly [Signature] [Signature]  
 Brian [Signature] [Signature] [Signature] [Signature]  
 [Signature] [Signature] [Signature] [Signature]  
 [Signature] [Signature] [Signature] [Signature]

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 63973  
 LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Elite Surgical Center  
Name of office

Weston 33331 Broward  
City Zip Code County

Dr. Oscar Ramirez  
Name of Physician or Licensee Reporting

130 Carolin St. #201 - Melbourne FL 32901  
Patient's address for Physician or Licensee Reporting

2665 Executive Park Dr. Unit 1  
Street Address

954 446 6464  
Telephone

05R#691  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]  
Patient Name

[Redacted]  
Patient's Address

[Redacted]  
Patient Identification Number

cellulitis of back - post liposculpture  
Diagnosis high fever

[Redacted] Female ☐ Medicaid ☐ Medicare  
Age Gender

4/5/16  
Date of Office Visit

high fever - post op  
Purpose of Office Visit

998.59 780.60 780.62  
ICD-9 Code for description of incident

II  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/5/2016  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other Post-op

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

See attached

**B) ICD-9-CM Codes**

V58.49  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

687.2  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

780.60 780.62 998.59  
Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)

NA

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only <u>Prophylactic Antibiotics</u> Name of facility to which patient was transferred: <u>Cleveland Clinic</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Dr Ramirez Lic # ME 76398

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

NA

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Pt. was sent in an abundance of caution due to fever. No infections were noted. Pt. Placed on IV antibiotics as a precaution

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Pt. discharged from hospital without further complications

V. Lynne Ulevich PA-C signed for Dr. Ramirez who is presently out of the country  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

4/19/2014  
DATE REPORT COMPLETED

2:30 PM  
TIME REPORT COMPLETED

Lynne Ulevich PA 9102798  
Oscar Ramirez - ME 76398

04/07/16 - Patient presented to the office 4/5/16 for a post op visit. She had called the office staff the previous day - spoke to Silvia at Approximately 3:00 PM. Told Silvia she had a fever of 103, what should she do. I told Silvia to tell the patient that she had to come in immediately to see the PA. Silvia then told me the patient said she lived over 3 hours away (in Melbourne) and could not come to the office. I told Silvia to instruct the patient to go to the emergency room immediately.

Patient called the office back at around 5:00 PM - Spoke to Flora - She told Flora that she had taken Tylenol and that her fever was down and that she did not want to go to the emergency room- she wanted to wait to come to the office on Tuesday (The next day). I advised Flora to tell the patient that I felt she should still go to the emergency room rather than wait till the next day. The patient did not go to the ER as recommended.

When the patient presented to the office on Tuesday, she was complaining of a lot of pain. At the time we took her temp she was afebrile, but she had taken Tylenol prior to coming to the office. On examination, she had exquisite tenderness to palpation of the right mid back. One cannula site was slightly open and appeared to be oozing slightly. It looked like the patient was developing an early cellulitis. There was no marked swelling or erythema or any large fluctuant mass. I numbed up the one cannula site after prepping the skin with Betadine and then opened up the one incision site. A small amount of less than 1 teaspoon of slight pus drainage was expressed. The drainage did not seem extremely purulent or did not have any unusual order. A culture swab was obtained.

The patient at that time also complained that she had some chest pain and stated yesterday her "calves felt sore" I listened to her heart and lungs. Lungs were clear. She was noted to have a significant tachycardia - Pulse was 152. BP was taken - it was 112/78. At this point I became very concerned with the patient's rapid pulse and thought perhaps she was having symptoms of a PE especially since she stated she had some calf pain yesterday. Dr. Ramirez was contacted - He was at a conference and I was waiting for him to call me back. But based on the patient's condition and symptoms I decided that she needed to go immediately to the emergency room and did not wait to hear back from Dr. Ramirez.

I spoke to her and her brother who had driven her. I told her I was very concerned with what was going on especially that fact that her pulse was so rapid and she was having some chest discomfort. I told her that she had a cellulitis starting on her back as well, but I was more worried about the rapid pulse as I was not sure what was causing that. I told her my concern about a possible PE that needed to be ruled out. We did do a pulse oximeter - it was 99. I told the patient that she had to go immediately to the office - local - Cleveland Clinic - that she could not drive back to Melbourne that I felt for her to drive back to go to the hospital there was too risky that she needed to be seen right away.

I told them the hospital is across the street - gave them directions - They promised to go right away. I called them on my cell phone as they were parking and walking into the ER. I touched base with the patient later that afternoon around 5:30 pm - she stated they had taken x-rays and they had started her on IV Vancomycin and she was going to be admitted. I informed Dr. Ramirez as to what was going on. The next day I called the hospital and found out the patient had been admitted to the ICU and she was on several antibiotics and had been taken to surgery for possible debridement. When they did the surgery however, they did not find too much. The wounds were left open. She also was noted to have a low HGB (apparently around 7) Her prep Hgb and Hct and been WNL 11.1 > 6 and 36.2 and was given 2 units of packed RBC's.

As of today 4/7/16, patient is still in the ICU - Dr. Ramirez when to see her at the hospital this am - and spoke to the Chief of Plastic Surgery. On a side note - the patient came for her initial post op visit on 3/30/16 (surgery was 3/25/16) at which time she was noted to be afebrile, was noted to have the normal post-op tenderness that one would have on Day 5 after having lipo. She did not voice any unusual symptoms or complaints that day. She had a synergie massage that day which is done routinely for patients after lipo to decrease swelling and improve lymphatic drainage.

04/19/16 – Follow up note

██████ was discharged by Cleveland Clinic on Thursday April 14th, While she was in the hospital, she was also visited by her surgeon Dr. Oscar Ramirez twice. During her hospital stay - she was taken to surgery and had surgery performed by a general surgeon. They opened up her back where the surgery was done, but did not find anything clinically significant. Cultures that were obtained at our office on 4/5/16 as well as cultures that were taken in the ER and probably during surgery on 4/6/16 at Cleveland Clinic failed to grow anything. Patient remained in the hospital ICU for about 3 days upon admission and was transferred after that to a regular floor where she was continued to be treated with IV antibiotics and wound care. The area that was explored on her back where they did not find any clinically significant infection was not closed. So she was given wound care as the wound were left open heal. Patient was seen by an infectious disease doctor and also by the Chief of plastic surgery while at the hospital but not sure what their report states. Patient was sent home with a PIC line so that Intravenous antibiotics could continue to be administered at home - where it was planned that she would receive them for an additional 4 weeks and also she was sent home with wound vacs.

04/07/16 - Patient presented to the office 4/5/16 for a post op visit. She had called the office staff the previous day - spoke to Silvia at Approximately 3:00 PM. Told Silvia she had a fever of 103, what should she do. I told Silvia to tell the patient that she had to come in immediately to see the PA. Silvia then told me the patient said she lived over 3 hours away (in Melbourne) and could not come to the office. I told Silvia to instruct the patient to go to the emergency room immediately.

Patient called the office back at around 5:00 PM - Spoke to Flora - She told Flora that she had taken Tylenol and that her fever was down and that she did not want to go to the emergency room- she wanted to wait to come to the office on Tuesday (The next day). I advised Flora to tell the patient that I felt she should still go to the emergency room rather than wait till the next day. The patient did not go to the ER as recommended.

When the patient presented to the office on Tuesday, she was complaining of a lot of pain. At the time we took her temp she was afebrile, but she had taken Tylenol prior to coming to the office. On examination, she had exquisite tenderness to palpation of the right mid back. One cannula site was slightly open and appeared to be oozing slightly. It looked like the patient was developing an early cellulitis, There was no marked swelling or erythema or any large fluctuant mass. I numbed up the one cannula site after prepping the skin with Betadine and then opened up the one incision site. A small amount of less than 1 teaspoon of slight pus drainage was expressed. The drainage did not seem extremely purulent or did not have any unusual order. A culture swab was obtained.

The patient at that time also complained that she had some chest pain and stated yesterday her "calves felt sore" I listened to her heart and lungs. Lungs were clear, She was noted to have a significant tachycardia - Pulse was 152. BP was taken - it was 112/78. At this point I became very concerned with the patient's rapid pulse and thought perhaps she was having symptoms of a PE especially since she stated she had some calf pain yesterday. Dr. Ramirez was contacted - He was at a conference and I was waiting for him to call me back. But based on the patient's condition and symptoms I decided that she needed to go immediately to the emergency room and did not wait to hear back from Dr. Ramirez.

I spoke to her and her brother who had driven her. I told her I was very concerned with what was going on especially that fact that her pulse was so rapid and she was having some chest discomfort. I told her that she had a cellulitis starting on her back as well, but I was more worried about the rapid pulse as I was not sure what was causing that. I told her my concern about a possible PE that needed to be ruled out. We did do a pulse oximeter - it was 99. I told the patient that she had to go immediately to the office - local - Cleveland Clinic - that she could not drive back to Melbourne that I felt for her to drive back to go to the hospital there was too risky that she needed to be seen right away.

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04/19/16 - Follow up note

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STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Medical Specialists of Florida, PLLC  
Name of Office

St. Petersburg 33701 Pinellas  
City Zip Code County

Reid Vaughn Graves, M.D.  
Name of Physician or Licensee Reporting

830 Central Avenue (#100)  
Street Address

(727) 478-1172  
Telephone

ME 118810/Office Lab #800027939  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]  
Patient Name

[Redacted]  
Patient's Address

Account #30784  
Patient Identification Number  
Elevated PSA  
Diagnosis

[Redacted] Male ☐ ☒  
Age Gender Medicaid Medicare  
02/01/16 (Biopsy); 02/06/2016 (Biopsy Processed)

X  
Date of Office Visit  
Prostate Biopsy Specimen Processing X  
Purpose of Office Visit  
790.93 (ICD-9), R97.2 (ICD-10) X  
ICD-9 Code for description of incident  
N/A X  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Error Likely Confirmed 4/6/16 by DNA Report  
Incident Date and Time

Location of Incident  
☐ Operating Room ☐ Recovery Room  
☒ Other: Likely in Pathology Lab

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

-SEE ATTACHED-

B) ICD-9-CM Code

790.93 (ICD-9), R97.2 (ICD-10) X E876.8 (ICD-9), Y65.8 (ICD-10) X 999.9 (ICD-9), T88.9XXS (ICD-10)  
X

Surgical, diagnostic, or treatment  
procedure being performed at time of

Accident event, circumstances, or  
specific agent that caused the injury

Resulting injury  
(ICD-9 Codes 800.999.9)

Incident (ICD-9 Codes 01-99.9)

or event (ICD-9 E-Codes)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

N/A

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site**
<input type="checkbox"/> Brain Damage	<input checked="" type="checkbox"/> Wrong surgical procedure performed
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	**if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input type="checkbox"/> Any condition that required the transfer of the patient to the hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer -- e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<input type="checkbox"/> Permanent disfigurement not to include the incision scar.
	<input type="checkbox"/> Fracture of dislocation of bones or joints.
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, location information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

-SEE ATTACHED-

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

See "E" above.

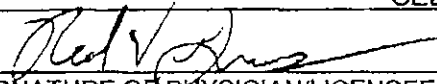
**IV. ANALYSIS**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

-SEE ATTACHED-

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

-SEE ATTACHED-

V.  X ME 118810  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
04/18/2016 12:05 PM  
DATE REPORT COMPLETED TIME REPORT COMPLETED

III. A) Dr. Graves performed an in-office prostate biopsy on the patient, Mr. [REDACTED]. Per the policies and procedures, after labeling, the specimens were provided to the medical assistant for delivery to the in-office lab for processing prior to being sent to an out of office lab for analysis. The in-office histology technologist prepared the specimens, along with those for a second patient, and sent them to the outside pathology lab. The biopsy was processed on 02/06/2016. The pathology report was subsequently returned showing prostate cancer and after discussion with Mr. [REDACTED] a robotic prostatectomy was performed. The prostate was sent to pathology, which came back benign. At that point, in an effort to attempt to correlate the pre and post-procedure and inconsistent pathology results, Dr. Graves began an investigation and discovered that the biopsy result relied upon to perform the prostatectomy, was possibly from a different patient. After additional investigation, discussions with both patients and after obtaining DNA confirmation of his suspicion by final DNA report dated April 6, 2016, Dr. Graves concluded that Mr. [REDACTED] prostate was apparently unnecessarily removed at the time of the robotic procedure. Dr. Graves discussed these events with Mr. [REDACTED] and the fact that the office pathology specimens in question were likely that of a different patient whose specimen was probably and accidentally switched with Mr. [REDACTED] specimen.

E) Reid Graves, M.D., Lic. #: ME 118810, 830 Central Avenue (#100), St. Petersburg, FL 33701. Performed prostate biopsy and provided specimen to the medical assistant for processing.

Ciera Whitfield-Bush, medical assistant, 830 Central Avenue (#100), St. Petersburg, FL 33701. Received biopsy specimens from Dr. Graves and delivered them to clinical laboratory in office.

David Anthony Delgado, Clinical Laboratory (Histologist) Technologist, Lic. #: TN 34841, 1528 Sydney Dover Road, Dover, FL 33527. Processed the specimens for forwarding to the outside pathology lab for analysis.

John P. Williams, D.O., Laboratory Director, Lic. #: OS4755, PO Box 48242 St Petersburg, FL 33743

F) See "E" above.

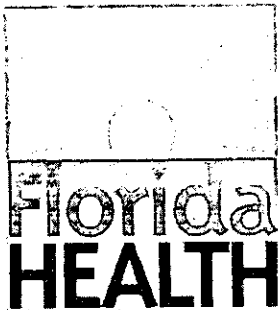
IV. A) While not able to determine with certainty, the initial internal investigation seems to support the conclusion that the patient's prostate biopsy specimen was most likely and inadvertently switched with another patient's specimen while being processed in the in-office clinical laboratory and prior to being sent to the outside pathology lab for analysis.

B) Once the possible error was discovered, an internal investigation was initiated. This involved additional pathology analysis; discussions with the medical assistant, histology technologist and in-office laboratory director; DNA testing to clarify and solidify the origin of the specimens; notification of the involved patients and cessation of all similar in-office pathology laboratory processing. While it seems this mistake was likely related to human

error, the in-office laboratory will not resume until a complete internal audit and independent external audit are completed.

AAAHc

STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office Florida Eye Associates, Inc.

City Melbourne Zip Code 32901 County Brevard

Name of Physician or Licensee Reporting David Weiser, MD

Street Address 502 E New Haven Avenue

Telephone 321-726-4050

License Number & office registration number, if applicable  
ME 0064982

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name

Patient's Address 1602038

Patient Identification Number  
Diagnosis Cataract

Age 4/11/16 Gender Discovered 5/10/16  
Date of Office Visit ophthalmic Biometry/ASCAN  
Purpose of Office Visit 366.10  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III) N/A

III. INCIDENT INFORMATION

Incident Date and Time 4/11/16 9:00 am. Discovered 5/10/16

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other clinic

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

see attached

B) ICD-9-CM Codes

366.10 (cataract) E876.5 367.1 (myopia)  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

10L master

D) Outcome of Incident (Please check) surgery scheduled June 6, 2016

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** if it resulted in:
<input checked="" type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Bethann Baderman CoA - Ascan technician  
David Weiser, MD supervising physician

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

see attached

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

see attached

## NARRATIVE

Florida Eye Associates' patient [REDACTED] had cataract surgery on her left eye performed by David Weiser, MD on May 2, 2016 at Ophthalmology Center of Brevard, LP (dba ASC of Brevard). Prior to surgery, the identity of the patient, the site of the surgery and the selection of the implant were confirmed by the OR team.

At the May 3, 2016 post-operative appointment at the Florida Eye Associates main clinic, the lens was well-positioned and the cornea was clear. The patient's vision was not a concern at day one as it may take a few days for vision to stabilize. At the one week visit at Florida Eye Associates on May 10, 2016, the patient's vision had decreased further. The patient expressed concern that the wrong lens had been implanted. She said it was an employee's birthday and that staff seemed distracted.

Prior to surgery, [REDACTED] visited 719 East New Haven Avenue. This address is a location for Florida Eye Associates, Inc and for Ophthalmology Center of Brevard, Inc, and for Ambulatory Surgery Center Support Services, Inc (ASCSS, Inc. - this entity offers medical clearance exams to patients).

In reviewing the patient's records and speaking with all of the parties involved, it has been determined that the following transpired:

On April 11, 2016, Florida Eye Associates' employee Bethann Baderman, COA (Certified Ophthalmic Assistant) performed CPT code 92136 (Ophthalmic Biometry) at the 719 location which also houses the surgery center. The test, performed on a machine called an IOLMaster, uses a series of measurements and formulas to propose lens calculations from which the surgeon will select a lens. On the same date, the patient saw Rebecca Paschall, ARNP, an employee of ASCSS, Inc., who assessed the patient's suitability to undergo cataract surgery.

On the date in question, there were two patients named [REDACTED] on Bethann's schedule. [REDACTED] had an appointment at 9:00 a.m. The second patient named [REDACTED] was at 9:30 with one patient between them. Bethann called [REDACTED] back, either using only her first name or speaking the last name too quietly. Both [REDACTED] were seated in the lobby and the second patient got up and went back to the exam room. Thinking she had the first patient on the schedule, Bethann entered [REDACTED] name and date of birth into the IOLMaster and performed the test. In conversation, she realized she may have the wrong patient and asked the patient to confirm her birthdate. At that point, Bethann saved the scan. The process of saving pushes the scan to Axis which is an image management system used throughout Florida Eye Associates to store and catalog patient images. She says she intended to delete this test later in the day. She then returned the wrong patient to the waiting room and called [REDACTED] back. She performed the test and saved it. She then retested the second [REDACTED] and saved her test under the correct name. As part of her documentation, Bethann creates a visit in Florida Eye Associates' electronic medical record that



indicates the technical component has been performed. She didn't document any issue with [REDACTED] test or mention the mistaken identity.

In the next step of the process, the Florida Eye Associates' surgery scheduler prepares the paperwork for the surgeon to choose a lens. She prints the last complete exam and the test from the IOLMaster and puts in on the surgeon's desk so he or she can pick a lens. In this instance, there were two scans in Axis, and the surgery scheduler, Jamie Tackett, COA printed the test mistakenly performed on the other patient named [REDACTED] and incorrectly saved as [REDACTED]. On April 25, 2016, Dr. Weiser performed the professional component of 92136 and selected the lens and finalized his note in the Florida Eye Associates' electronic health record. At that time he believed he had the information for Ms. S.R. and made an appropriate selection based on that supposition.. His selection went back to the surgery center where the lens was pulled and the measurement became part of the surgery chart. The surgery was performed as planned on May 2, 2016.

After seeing the patient and looking into how the wrong lens could have the patient's demographic information, Dr. Weiser contacted the patient by phone on Wednesday, May 11, 2016, and explained what had happened. He scheduled an appointment for her to be seen on May 14, 2016 to discuss her options.

On May 12, 2016, the patient's daughter placed an anonymous call to the Ophthalmology Center of Brevard, LP and spoke to our Nurse Manager, Ellen Buffington, RN. In the first call, she said she didn't want to identify her mother or herself, but she believed a wrong site, wrong surgery Code 15 incident had occurred and should be reported. She said she planned to file complaints with AHCA and AAAHC. She called back later the same day and identified her mother.

On May 14, 2016 the patient was seen by Dr. Weiser and they discussed an IOL exchange to replace the implant. After that visit, she spoke with the practice administrator, Trish Barker, who explained what Florida Eye Associates' inquiry had found, that it allowed Florida Eye to identify system problems, that the insurance and any out of pocket would be refunded and that there would be no charge to the patient for the IOL exchange.

She is will be re-measured to confirm the lens on May 24, 2016, and is scheduled for surgery on June 6, 2016.

## ANALYSIS

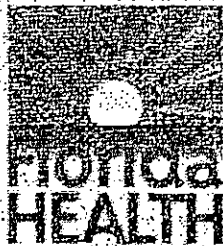
After review and root cause analysis, the issues that caused this incident occurred at the Florida Eye Associates level of the process. The surgery center processes worked as they should. Key factors are:

1. Bethann should have called the patient clearly and loudly by her first and last name
2. Patients should then be confirmed by birthdate by every staff member who sees them

3. If there is an error in patient identity or a near miss, the employee should document in the patient record and contact a supervisor
4. Testing or any service performed on anyone but the correct patient should be deleted immediately.
5. The surgery scheduler should print all scans for physician review
6. If there is more than one scan, the surgery scheduler should flag the surgeon.
7. April 11 was a staff member's birthday. This should not have been evident to a patient. Distractions and personal conversations should be kept to employee areas and break time.

#### **CORRECTIVE ACTIONS**

1. Florida Eye Associates patient identifier policy (see attached)
2. Florida Eye Associates error/near miss policy (see attached)
3. Staff instruction regarding deleting tests performed in error (see attached)
4. Surgery scheduler policy (see attached)
5. Distractions and personal conversations policy (see attached)
6. Additional training for all ophthalmic technicians on the prevention of medical errors (to be arranged in the next 30 days)



STATE OF FLORIDA  
Rick Scott, Governor

20161344-62  
DOH Consumer Services

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

APR 18 2016

SUBMIT FORM TO  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

VASCULAR & INTERVENTIONAL AVILION

Name of office

TAMPA 33606 Hillsborough

City Zip Code County

Dr. A. Suresh / Norton RN

Name of Physician or Licensee Reporting

1881 W. Kennedy Blvd - Tampa

Patient's address for Physician or Licensee Reporting

1881 W. Kennedy Blvd.

Street Address

813 513 3030

Telephone

OSR # 979

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number

Diagnosis

Peripheral Artery Disease

Age

4-12-16

Gender

☐ Medicaid

☒ Medicare

Date of Office Visit

ANGIOGRAM PROCEDURE

Purpose of Office Visit

I 97.618

ICD-9 Code for description of incident

10 II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

04/12/16 1447

Incident Date and Time

Location of Incident

☐ Operating Room

☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No

N/A

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Closure device did not deploy effectively @ end of procedure. So manual pressure held x 20 min prior to transport to PACU. PACU RN then remained vigilant, assessing B groin site 9.5" x 1" & sandbag in place. No bleeding or signs of hematoma evident for 1 hr and 15 min, at which time family members came to bedside and Pt kept raising head and shortly thereafter a hematoma was noted. Manual pressure x 20" & no increase in size. Sandbag applied 15 min later. Sandbag removed and hematoma increasing in size. Manual pressure applied and patient became pale, hypotensive (77/50) and bradycardic (55). IV fluids ↑, Trendelenburg position. Dr. Suresh @ BS. Femstop applied. 911 called. Pth taken to hospital for observation.

**B) ICD-9-CM Codes**

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

N/A

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Exosomal Closure Device did not deploy effectively. Patient moving caused bleeding hematoma I 97.618

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

Exosomal Closure Device

**D) Outcome of Incident (Please check)**

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☒ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only

observation only

Name of facility to which patient was transferred:

Memorial Hospital of TAMPA

- ☐ Surgical procedure performed on the wrong site \*\*
- ☐ Wrong surgical procedure performed \*\*
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

\*\* if it resulted in:

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers**

Kate Hefford RN 9328608 - PACU nurse  
Marion TRICE CRT 20891 - came to help when BP dropped.  
Dr. Adithya Suresh 118812

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

NONE

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Closure device did not deploy effectively. 1 hr + 15 min post procedure, patient's head lifting to see visitors, stimulated bleeding. Patient may have had a vagal response or loss of blood to cause BP to drop

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

New policy instituted: Fem Stop 2 1 hour post procedure for all cases where Closure device does not deploy. No family members in PACU until patient is ready for discharge.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

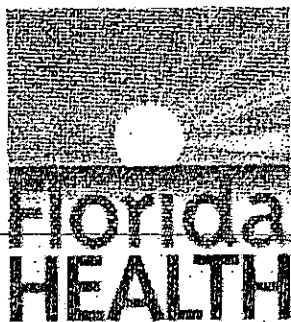
04/13/2016

10:25 AM

DATE REPORT COMPLETED

TIME REPORT COMPLETED

201613265-151

STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services  
PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT APR 20 2016

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

## I. OFFICE INFORMATION

Mark Lamet MD PA  
Name of office  
Hollywood 33021 Broward  
City Zip Code County  
Mark Lamet M.D.  
Name of Physician or Licensee Reporting

1150 N. 35<sup>th</sup> Avenue #445  
Street Address  
954-961-9771  
Telephone  
ME0037518 DR# 193  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

## II. PATIENT INFORMATION

[REDACTED]  
[REDACTED]  
[REDACTED]  
Patient Identification Number  
Diagnosis

[REDACTED] ☐ Medicaid ☐ Medicare  
Age 04/13/16 Gender  
Date of Office Visit  
Purpose of Office Visit Colonoscopy  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III) II

## III. INCIDENT INFORMATION

04/13/16 9:50 AM  
Incident Date and Time

Location of Incident:  
☒ Operating Room ☐ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Procedure immediately aborted  
Patient underwent Screening Colonoscopy on 4/13/16. In sigmoid  
Colon - Endoscopic view c/w perforation. Continued by X-ray.  
PT transferred to ER, underwent Surgical correction  
+ is presently convalescing

B) ICD-9-CM Codes

45378

Surgical, diagnostic, or treatment procedure being performed at time of incident. (ICD-9 Codes 01-99.9)

~~88~~ N/A

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

S36.533

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☒ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only  
Name of facility to which patient was transferred:

- ☐ Surgical procedure performed on the wrong site \*\*
- ☐ Wrong surgical procedure performed \*\*
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

\*\* if it resulted in:

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Mark Lamet M.D. - ME 0037518  
Diego Luna, C.R.N.A. - ARNP 932935700  
Joanne Rumbaoa L.P.N. - PN 5223377  
Samantha Hill-Rivera R.N. - RN 9320149

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

N/A

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

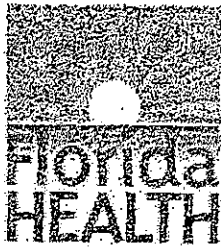
V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

037518  
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

201613691-16  
APR 27 2016

I. OFFICE INFORMATION

Advanced Imaging and Interventional Institute  
Name of office

Clearwater 33761 Pinellas  
City Zip Code County

Gerald Niedzwiecki, MD  
Name of Physician or Licensee Reporting

\_\_\_\_\_  
Patient's address for Physician or Licensee Reporting

Street Address

727-784-1519

Telephone

ME 70649/OSR521

License Number & office registration number, if applicable

II. PATIENT INFORMATION

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Identification Number

C18.9  
Diagnosis

Age

04-18-2016

Gender

☐ Medicaid

☒ Medicare

Date of Office Visit

CT guided Left Lung biopsy

Purpose of Office Visit

C18.9  
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

04-18-2016 0850  
Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

\_\_\_\_\_  
E h/o colon cancer and head/neck squamous cell cancer with PET positive lung mass. Patient had routine needle biopsy of left lung. Patient transferred to recovery area with stable vitals. After arrival in recovery pt remained somnolent and did not respond to verbal stimuli. Pt had baseline facial droop from prior surgeries, vitals continuously monitored, remained within normal limits, with unlabored respirations. 1mg Flumazenil administered in divided doses and 0.8mg Narcan administered in divided doses while pt was being assessed by physician. There was only minimal response to medications with patient not responding to verbal stimulus. (Pt is deaf on Right side making assessment difficult). At 1030 CT scan of head performed, CT showed small air emboli intracranially. EMS immediately activated for patient transfer. Finding discussed with \_\_\_\_\_. Role of hyperbaric oxygen discussed. \_\_\_\_\_. Patient's vitals stable at all times. 1100 am patient transferred to Mease country side via ambulance.

DH-MQA1030-12/06

Page 1 of 2

**B) ICD-9-CM Codes**C18.9

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer -- e.g., death, brain damage, observation only Name of facility to which patient was transferred:	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**Brandi Ransom RN 9188020Gerald Niedzwiecki MD ME70649Colleen Niedzwiecki MD ME68554**F) List witnesses, including license numbers if licensed, and locating information if not listed above****IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

PT SUFFERED A KNOWN BUT UNUSUAL RISK ASSOCIATED WITH LUNG BIOPSY, AN AIR EMBOLUS. THIS IS CAUSED BY SMALL BRONCHIOLES LEAKING AIR INTO A SMALL VENULE DURING THE BIOPSY THROUGH THE BIOPSY TRACT.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

PT WAS PROPERLY INFORMED OF THIS RISK PRIOR TO PROCEDURE AND THIS WAS IDENTIFIED POST PROCEDURE IN A TIMELY FASHION. CONTINUED VIGILANCE FOR POTENTIAL COMPLICATIONS AND MINIMIZE COUGHING DURING PROCEDURE AS THIS CAN CONTRIBUTE TO AIR EMBOLUS.

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 70649

DATE REPORT COMPLETED

TIME REPORT COMPLETED





STATE OF FLORIDA  
Rick Scott, Governor

201614378-16

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275  
DOH Consumer Service:  
MAY 11 2016

I. OFFICE INFORMATION

Advanced Imaging and Interventional Institute

Name of office

Clearwater 33761 Pinellas  
City Zip Code County

Gerald Niedzwiecki, MD

Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

Street Address

727-530-3627

Telephone

ME 70649/OSR521

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name

See above

Patient's Address

Patient Identification Number

M48.54XA

Diagnosis

Age

04/26/16

Gender

☐ Medicaid ☐ Medicare

Date of Office Visit

Kyphoplasty TB

Purpose of Office Visit

M48.54XA

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

04/26/16 0850  
Incident Date and Time

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient was undergoing Kyphoplasty procedure in prone position. During procedure patient's HR dropped into the 30s. Atropine 1mg was immediately administered at 8:50am. Patient had no response to Atropine. O2 sats were not registering, and ambubag ventilation began at that time. Bradycardia worsened to asystole and no pulse was palpable. CPR was initiated at 8:53. patient was shocked at 200J and received Epinephrine 1mg. Sinus Tach with pulses reestablished at 8:56. EMS called. Patient was intubated to secure airway and NG tube placed to decompress Stomach. Narcan and Romazicon were also given. EMS arrived at 9:05 and patient transferred to ER with HR 152 and BP 208/130.

DH-MQA1030-12/06

**B) ICD-9-CM Codes**M48.54XA

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<b>** if it resulted in:</b>
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**Gerald Niedzwiecki, MD ME 70649Colleen Niedzwiecki, MD ME 68554Brandi Ransom, RN RN 9108020Jennifer Williams, RN RN 9339328**F) List witnesses, including license numbers if licensed, and locating information if not listed above**Carmen Costa, RT #494178**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Pt experienced Bradycardia of uncertain etiology possibly Vagal response to Prone position with Large Stomach. Pt did not respond to Atropine and ultimately required resuscitation. Even though Bradycardia was immediately identified & treated.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Continue Vigilant monitoring of Patients, Bolster patients to accommodate Different & Varying Body Habitus.

**V.**[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

MAY 18 2018

STATE OF FLORIDA  
Rick Scott, GovernorPHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

## SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

## OFFICE INFORMATION

Name of office Heart Team Manager Florida MedicalCity Land O Lakes Zip Code 713289 County PascoName of Physician or Licensee Reporting Abraham Rivera MD

Patient's address for Physician or Licensee Reporting

Street Address 260 Via Bella BlvdTelephone 813 977-6688License Number & office registration number, if applicable ME93446 / OSR 676

## II. PATIENT INFORMATION

Patient Name [REDACTED]Patient's Address [REDACTED]Patient Identification Number 276432Diagnosis M47-814Age 41/28/16Gender 7Medicaid ☐ Medicare ☒Date of Office Visit 4/28/16Purpose of Office Visit Thoracic Radio Frequency AblationICD-9 Code for description of incident R01.82Level of Surgery (II) or (III) II

## III. INCIDENT INFORMATION

Incident Date and Time 4/28/16

Location of Incident:

☒ Operating Room☒ Recovery Room☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ NoWas an autopsy performed? ☐ Yes ☐ No

## A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

During procedure of left Thoracic RFA patients HE 30 BP 60/38 Patient received Ephedrine 10mg IV-IV 500mL NS wide open, stable to transfer to PACU In PACU USS complaint of left sided chest pain, Dr Rivera at bedside 1 tab Aspirin 325mg PO given transferred to ER via EMS after discussion with patient, patient's husband and physicians

B) ICD-9-CM Codes

<p><u>W47.814</u></p> <p>Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)</p>	<p><u>R07.82</u></p> <p>Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)</p>	<p><u>R07.82</u></p> <p>Resulting injury (ICD-9 Codes 800-999.9)</p>
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C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

No equipment used

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

John Hurd ALP 9336062 Abraham Rivera - ME 93116  
Pam Valdes - RN 9344251 LYNN - BLOCHUS  
Amy Herzog W 1562402

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Michael Lopez - Transporter April Vegas  
Office Manager

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

It developed a complication unrelated to the procedure

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

We followed best standards of care and no harm happened.

# INCIDENT REPORT – VISITOR/PATIENT (NON-EMPLOYEE)

Florida Medical Clinic

RETURN TO ADMINISTRATION

FAX 813-788-4411

Employee Name: [REDACTED]

Ext/Phone: [REDACTED]

## INJURED PERSON INFORMATION

Name of Injured Person: [REDACTED]

Address of Injured Person: [REDACTED]

City / State / Zip: [REDACTED]

Phone # of Injured Person: [REDACTED]

Sex: M ☐ F ☒

Date of Birth: [REDACTED]

Social Security # [REDACTED]

If injured person is a minor, include accompanying adult's name:

N/A

Was injured person here for an appointment? YES ☒ NO ☐

Did the injured person receive any medical treatment prior to the incident that could have been a contributing factor to incident? YES ☒ NO ☐

## LOCATION/DATE/TIME OF INCIDENT

Date of Incident: 4/28/2016

Time: 0954

AM ☒ PM ☐

Department/Office Name: Interventional Pain Management LOL

Phone: 813-920-6688

Location Address: 2100 Via Bella Blvd., Suite 103 Land O' Lakes, FL 34639 In PACU

Did this incident occur: ☒ Inside Facility or ☐ Outside Facility

## WITNESS INFORMATION

Name: Amy Herzog, RN

Email: aherzog@floridamedicalclinic.com

Address: LOL Interventional Pain Management, LOL

Phone: 813-977-6688

## DESCRIPTION OF INJURY

Detailed description of accident:

During procedure of Left Thoracic Radio Frequency Ablation at T5, T6, and T7 patient's HR 30, BP 60/38. Patient received Ephedrine 10mg IV, IV 500ml NS wide open, stable to transfer to PACU. In PACU VSS, complaint of left sided chest pain, Dr. Rivera at bedside. 1 tab Aspirin 325mg PO given, transferred to ER via EMS after discussion with patient, patient's husband and physician.

Describe any possible contributing factors to this incident (such as debris, water, etc. on the floor/ground):  
NONE

Describe injury and part(s) of body injured: NONE

Was the person treated for the injury? NO ☒ YES ☐ If yes, by whom?

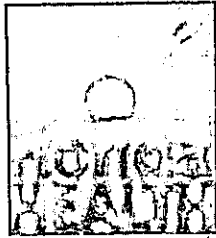
Describe treatment in detail: NONE

Send completed form to Katrina Pavlinec in Administration Land O Lakes

(Updated April, 2015)

Submit by Email

201614302 151



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT DOH Consumer Services

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

MAY 10 2016

I. OFFICE INFORMATION

American Access Care  
Name of office  
Plantation 33313 Broward  
City Zip Code County  
Naveen Goel  
Name of Physician or Licensee Reporting  
6766 West Sunrise Blvd. Suite 100  
Patient's address for Physician or Licensee Reporting

6766 West Sunrise Blvd. Suite 100, Plantation, FL 33313  
Street Address  
954-583-8472  
Telephone  
N/A ME 97534  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]  
Patient Name  
[REDACTED]  
Patient's Address  
3601128  
Patient Identification Number  
Clotted AVG  
Diagnosis

MALE  
Age Gender  
FLORIDA BC/BS SECONDARY BETTER HEALTH  
Date of Office Visit  
05/03/2016  
Purpose of Office Visit  
THROMBECTOMY OF A CLOTTED AVG  
ICD-9 Code for description of Incident  
36870  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

05/03/2016 1558  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☒ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☒ No  
Was an autopsy performed? ☐ Yes ☒ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

SEE ATTACHED

██████████  
DOB: ██████████

DOS: 05/03/2016

MR #3601129

Patient was referred to the access center for a clotted AVG. The patient had no electronic record with us and a careful admission history was obtained including securing up to date allergy information.. Patient denied any food or drug allergies. He was assessed by the LIP and deemed stable for today's planned thrombectomy procedure. He was taken into the suite after consent was obtained and his admission process was complete. He was found to have a 70% stenotic lesion and thrombus in the subclavian vein the thrombus was macerated with a 12mm balloon. The LIP also noted a 60% stenosis in the venous graft and the mid graft segment. he also noted an 80% stenosis at the venous anastomosis. He had a successful mechanical thrombectomy with chemical thrombolysis with TPA, including central thrombectomy with angioplasty. Once taken to PACU he had a sudden need to use the rest room and upon return to PACU he complained of itching. He had few hives and then developed a cough. His Saturation maintained above 95%. He was immediately assessed by the LIP and RX Benadryl 50mg PO followed initiation of an IV access with Solumedrol 125mg administered. He was given a Jet Neb treatment with albuterol to ensure respiratory integrity was maintained. He complained of feeling as if his lips were swelling. He then developed nausea and vomiting after which he felt a "little" better EMS was activated. Patient's blood pressure was noted to be low and IV fluids of NSS0.9% was hung and administered. BP pre fluids 73/48 with HR of 70. Patient was asymptomatic of hypotension. After 150cc of IV fluids his BP was noted to be 90/48 with a HR of 80. EMS was on site and patient refused to get on the stretcher as he stated he had to go to the bathroom. He was attended by the EMS team to ensure his safety. His blood pressure upon leaving the center was 88/64 with a HR of 88 pulse ox was 96% on room air. He was taken to Westside Regional Hospital Emergency Room for evaluation and possible additional treatment. He was given his personal belongings to take with him. His Nephrology team was notified as well as his Dialysis Unit. Unfortunately, the number listed for his family member was not correct.

\*\*\*\*of note: Patient was evaluated and released from the Emergency Room at Westside Regional Hospital with discharge instruction for an "Acute Allergic Response" He was given RX for the following medication by the ER Physician: Michael Remaly, DO. Prednisone 20mg

tablets (2 tablets), Benadryl 25mg tablet (12 Tablets ) and Pepcid 20mg tablet (10 tablets)

\*\*\*\* Patient returned to the Access Center the next day 5/4/2016, his symptoms from the allergic response were gone, his access had once again clotted. He was referred to his Vascular surgeon to have the D-clot( Thrombectomy) done in a more controlled setting with his risk for greater allergic response.



**B) ICD-9-CM Codes**

36870

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

T50.8X5A or Z91.041

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

N/A

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

NONE

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in:
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Death
	<input type="checkbox"/> Brain Damage
	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only SENT TO WEST SIDE REGIONAL HOSPITAL EX AND RELEASED  
Name of facility to which patient was transferred:  
PATIENT WAS REASLED HOME THE SAME DAY

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

KAMRA, AMIT MD ME 115193

CONCEPCION, LYMAR RN RN 9330228

BROWNER, SHERYL RN RN1801172

ALMANZAR, SOIRE RN RN 9236537

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**  
N/A**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

CONTINUE TO SCREEN PATIENT'S AS BEST AS POSSIBLE PRE ALL PROCEDURES  
AND OBSERVE CAREFULLY FOR ANY ADVERSE REACTIONS AND RESOND /TREAT

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

CONTINUE TO ENSURE ALL PATIENTS ARE ASSESSED & MONITORED BY AN ACLS  
RN WHO CAN RECOGNIZE AND TREAT CHANGES IN OUR PATIENT'S CONDITION.

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 97536

LICENSE NUMBER

5/4/2016

1800

DATE REPORT COMPLETED

TIME REPORT COMPLETED

STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

South Florida Vascular Associates

Name of office

Coconut Creek 33073 Broward

City Zip Code County

Dr. Curtis Anderson

Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

5300 W. Hillsboro Blvd # 107

Street Address

(954) 725-4141

Telephone

ME114142 052-700

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient

Patient's Address

62450

Patient Identification Number

E 70.213

Diagnosis

Age

5/6/16

Gender

☐ Medicaid ☐ Medicare

Date of Office Visit

Bilateral Aorto-Iliac Angio w/ER

Purpose of Office Visit

E 70.213

ICD-9 Code for description of incident

II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time

5/6/16

1250

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

At 1250 after arriving to recovery area, RN assessed lower extremity pulses and noticed that the patient had lost pulses to (R) foot. Dr. Anderson notified immediately and pelvic U/S ordered stat. RN + U/S tech at bedside and Pt. c/o mild discomfort to lower back and (R) leg along with nausea. Pt's BP and O2 Sat within normal limits with HR 110. U/S results inconclusive per Dr. Anderson, Dr. Julien and U/S tech. order to transfer patient to NWMC via EMS/911 for further evaluation / CT angiography. Dr. Anderson communicated via telephone with ER MD and OK to transfer patient.

DH-MQA1030-12/06

Page 1 of 3

**B) ICD-9-CM Codes**I70.213

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

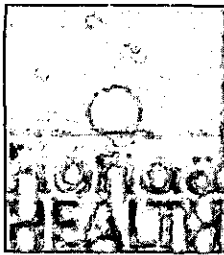
**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

Cardiac monitor, U/S machine**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only <u>Elective Vascular Surgery</u> Name of facility to which patient was transferred <u>North West Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**Curtis Anderson MD M14142INES ROSARIO RVT 125186 ARDMS#Julien, William MD ME 59991Carolina Villa RN RN 9281639Natissa Bechtel RN 9269251**F) List witnesses, including license numbers if licensed, and locating information if not listed above**Lisa Cimiluea - Surgical Coordinator**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**Ultimate cause is unclear. However, rapid assessment and reassessment of the patient was essential to the early detection of the complication.**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**In service and review of post procedure patient assessment and early detection of possible complications.



201810186 187  
STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services  
MAY 26 2018  
PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Boca Raton Surgery Center  
Name of office

Boca Raton 33486 Palm Beach  
City Zip Code County

S. Frank Sherman, MD  
Name of Physician or Licensee Reporting

899 Meadows Road, Ste 301 Boca Raton  
Patient's address for Physician or Licensee Reporting 33486

899 Meadows Rd. Ste 301  
Street Address

561-395-5653  
Telephone

ME 110785 OSR 309  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]  
Patient's Address 3304820

Patient Identification Number

Diagnosis

[REDACTED] Age 5/12/16 Gender [REDACTED] Medicaid Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/12/16 1200

Incident Date and Time

Location of Incident:

☐ Operating Room  
☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

[REDACTED] for Liposuction. H/o DM, HTN, Snoring, BMI 30.7.  
Denies OSA. Uneventful GA for procedure. On extubation pt SpO<sub>2</sub> ↓  
to 87%-88%. Reversal given E Naloxone, Flumazenil + Neostigmine while  
Non Rebreather Mask put on. was able to get SpO<sub>2</sub> up to 91% initially  
+ 92%-93% P 15-20 minutes. Diffuse Rhonchi noted throughout.  
1500 mL RL given intraoperatively + 4L tumescence. Additional 1850 mL  
RL given in PACU. Pt Awake + conversing appropriately when  
Ambulance arrived for Non Emergency transport to Boca Regional Hospital.

Sherman  
F. Scott Sherman, MD

**B) ICD-9-CM Codes***SAGAT extubation*

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

*? Aspiration*

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

*↓ SaO<sub>2</sub>*

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

*Non Rebreather Mask***D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred: <i>Boca Regional Hospital</i>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

\_\_\_\_\_

\_\_\_\_\_

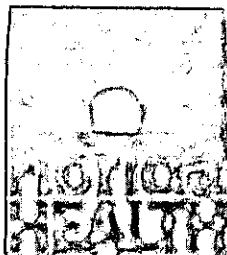
**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

\_\_\_\_\_

\_\_\_\_\_

**V.** *J. Scott Shennar MD*

<b>SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT</b>	<b>LICENSE NUMBER</b>
<i>5/12/16</i>	<i>1815</i>
<b>DATE REPORT COMPLETED</b>	<b>TIME REPORT COMPLETED</b>



MAY 26 2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Encore Plastic Surgery  
Name of office  
Hialeah 33012 MD  
City Zip Code County  
James Mcadoo DO.  
Name of Physician or Licensee Reporting

1738 West 49 St  
Street Address  
305 819 8841  
Telephone  
OSR 857  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]  
Patient Name  
[Redacted]  
Patient's Address  
09922  
Patient Identification Number  
Diagnosis  
Hypertrophy of Abd/Flanks, full back  
Flat atrophy buttocks.

[Redacted]  
Age 51 Gender f  
Date of Office Visit 5/7/16  
Purpose of Office Visit Surgery  
ICD-9 Code for description of incident 158.7 + 119.59  
Level of Surgery (II) or (III) III

III. INCIDENT INFORMATION

5/7/16 - 1:00pm  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☒ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

See Attached Surgeon and anesthesia notes

**B) ICD-9-CM Codes**15877+11954

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

99211

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

no emergency equipment was used; only medications**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Larkins Palm Springs ER</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**
James Mcadoo OS 11955; Jose Romagosa 16-149; Richard Eckert 1738028; Oslaida Caraltoro RN 9430228; Unedys Arencibia MA.
**F) List witnesses, including license numbers if licensed, and locating information if not listed above.**Same as above**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**
there are no issues to improve on, our medical staff acted appropriately to the emergency and patient was transfer to a high level of care.
**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**
No correction action taken; Patient signed an informed consent explaining the risks + benefits of the procedure medical staff acted appropriately to the emergency.
**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

OS 11955  
LICENSE NUMBER5/18/17  
DATE REPORT COMPLETED3:30pm  
TIME REPORT COMPLETED

Op Note: BBL, Breast FT, SAL U. L. Abdomen, U. L. Back, Flanks, Arms, Neck, JP

---

Date of surgery: 20160507

Location: Encore Plastic Surgery 1738 W 49th St, #10 Hialeah, FL 33012

Patient number: 99922

Patient name: [REDACTED]

**Preoperative diagnosis:**

1. Bilateral lipodystrophy of upper and lower abdomen, upper and lower back, flanks, arms, neck.
2. Breast asymmetry, atrophy, ptosis, mild tubular breast syndrome.
3. Buttock atrophy, ptosis.

**Post operative diagnosis:**

1. Bilateral lipodystrophy of upper and lower abdomen, upper and lower back, flanks, arms, neck.
2. Breast asymmetry, atrophy, ptosis, mild tubular breast syndrome.
3. Buttock atrophy, ptosis.
4. Sleep Apnea, Severe.

**Procedure:**

1. Bilateral upper and lower abdomen, upper and lower back, flanks, arms, neck suction assisted lipectomy.
2. Free adipose graft transfer to buttocks and breasts
3. Application of abdomen / lower extremity post-operative elastic garment.

Surgeon: James S. McAdoo, DO, FACOS

Assistant: Jose Romagoza

Anesthesia: General Endotracheal

IV fluids: 2000 ml

Estimate blood loss: 150 ml

Tumescent solution utilized was made of 1000 L of IV normal saline mixed with 25 mL of 1% lidocaine with 1:100,000 conc. of Epinephrine. Also 1 ml of Epinephrine 1:1000 conc. (1mg/ml) was added to the 1000 mL bag.

Tumescent solution placed: 6000 ml

Total Aspiration tissue removed: 5000 ml

Total adipose grafts removed: 4000 ml

Total adipose grafts transferred: 4000 ml

Condition: The patient was stable before the procedure, during the procedure, and after the procedure.

Complications: none

**Indications:**

Update form last visit:

The patient stated that she had been compliant and with no food or liquid intake since midnight. The patient denied any other new signs, symptoms, or diagnosis since the evaluation consultation history and physical was performed in the office. Review of the patient realistic goals for the surgical result were rediscussed. Patient's chart was reviewed and labs were found to have normal values for CBC, CMP, U/A, PTT, INR, BHcG.



Physical exam:

**Location:** In the Pre anesthesia unit, the patient was found to be sitting in a comfortable position with an excited mood.

**Vitals:** upon the monitor were within normal range.

**Head Eyes Ears Nose Throat:** within normal range

**Cardiovascular:** Heart was found to be regular rate and rhythm with no murmurs, thrills or rubs. Pulses were 3/6.

**Pulmonary:** lungs were clear to auscultation bilateral

**Abdominal:** soft, non tender, non distended, bowel sounds were present

**Extremities:** intact x4, normal range of motion,

**Neurological:** normal 2/4 deep tendon reflexes

**Somatic Dysfunction:** none appreciated

Patient was marked with a skin marker.

Review of Informed Consent:

I discussed the associated risks, benefits, alternatives, and complications associated with the procedures above with the patient. All of her questions were answered to his satisfaction. The patient understands what I as the surgeon, can and cannot achieve. The patient gave written and verbal consent with the understanding there was no guarantee of the result or her satisfaction with the surgery.

Review of postoperative instructions:

Patient and I reviewed the expected steps to care for her result. A copy of the instructions were emailed to the patient. Main points reinforced were: no shower due to public water bacterial contamination, no pressure on buttocks with sitting and sleeping, etc.

DVT awareness:

The patient further understands the possibility and probability of late effects of the surgery, which include but are not limited to: asymmetry, scar formation, deep vein thrombosis formation, VTE syndrome, and pulmonary emboli.

The patient agrees to elevate her legs above her heart when not in the standing position in order to promote spontaneous venous blood return to her trunk. The patient further agrees to pump her calf muscle up and down at least once every minute while in the standing position. Despite these precautions, including subcutaneous injection of low molecular weight heparin, the patient understands that she can develop a deep vein thrombosis and possible pulmonary embolus, which has many signs and symptoms.

Some the signs and symptoms of DVT, VTE, and PE can be but are not limited to: shortness of breath or calf tenderness that is unexplained brother means. If the patient were to develop symptoms of DVT or PE, the patient understands that it is a 911 emergency and she should seek emergency room workup with a venous ultrasound or other appropriate tests. For other questions or concerns, the patient agrees to call the office.

Anesthesia consultation:

The patient received a preoperative anesthesia consultation. The patient received an order for:

1. Ancef 2 grams IV PreOp.
2. Bilateral pneumatic compression stockings.

Surgical technique:

The patient was brought to the operating room. The patient received General induction of anesthesia with intubation.

Bilateral Abdominal Flank Neck suction assisted lipectomy:

Patient was repositioned into the supine position with airway and cervical traction provided by anesthesia. The patient was log rolled and came to rest in the supine position with all major joints maintained in neutral position and supported with appropriate padding.

The patient was prepped and draped with betadine solution and sterile towels and drapes in the usual fashion. Local injection with 1% lidocaine with epinephrine 1:100,000 concentrations underneath the proposed incision marks.

Incisions were made over the existing preoperative marks. A 11-blade scalpel was used to make the entrance points for the tumescent solution.

Tumescent solution was instilled into the areas above with a 3 mm injection cannula under Klein pump control with a weight metered volume measurement device.

20 minutes were allowed to pass after tumescent solution was placed in the subcutaneous tissue for the anticipated suction assisted lipectomy.

A 3 mm and 4mm cannula was used to remove the liposuction affluent.

Suction assisted lipectomy was performed in a crisscross, gridiron pattern from multiple ports to reduce postoperative suction deformities. After completion, the ports were closed with an inverted interrupted 2-0 Biosyn suture.

#### Bilateral Upper and Lower Back, Flank, Arm Suction Assisted Lipectomy:

The patient was repositioned into the prone position with airway and cervical traction provided by anesthesia. The patient was log rolled and came to rest in the prone position with all major joints maintained in neutral position and supported with appropriate padding.

The patient was prepped and draped with betadine Solution and sterile towels and drapes in the usual fashion. Local injection with 1% lidocaine with epinephrine 1:100,000 concentration underneath the proposed incision marks.

Incisions were made over the existing preoperative marks with 15-blade scalpel to make the entrance ports for the tumescent solution.

Tumescent solution was instilled into the areas above with a 3 mm injection cannula under slow Klein pump control with a weight metered volume measurement device measuring the tumescent weight infused.

20 minutes were allowed to pass after tumescent solution was placed in the subcutaneous tissue for the capillary epinephrine effect on the subcutaneous tissue.

A 3 mm and 4mm cannula was used to remove the liposuction affluent.

Suction assisted lipectomy was performed in a crisscross, gridiron pattern from multiple ports to reduce postoperative suction deformities. After completion, a vacuum free Becker cannula was used to fee up the skin retractions and the ports were closed with an inverted interrupted 4 - 0 Biosyn suture.

#### Free adipose graft placement in buttocks:

Effluent adipose was separated with gravity and Gentamicin 160 mg per liter was added to adipose grafts. Ancef at 2 gram per liter ratio was added to the adipose grafts.

Injection of free adipose grafts was performed with a Tulip 3 mm cannula and a 60 ml Toomey syringe. Aspiration was performed before injection of free adipose grafts into the tissue. Approach to the Buttock structures was performed through a superior vertical intergluteal cleft and superior iliac crest incisions.

Adipose grafting was performed with a repetitive back and forth motion, layering the adipose at multiple levels with multiple passes. The syringe was in constant motion while the adipose was slowly injected in a reverse linear, threading fashion. Fanning grid-iron cross-grafting placement with reverse linear threading was performed to place the grafts into the intra-muscular, and

subcutaneous planes. In the muscle, the reverse linear threads were thicker and loosely layered with 60ml syringe. A lower volume syringe was used for the subcutaneous areas. The subcutaneous tissue layer received thinner, adipose reverse linear threads with tighter layering and using a cross-fanning approach.

Adipose grafts were used to shape and contour the gluteus muscle, and increase buttock volume. Medial intramuscular injections were performed first, followed by medial subcutaneous injections, then peripheral transition zones and depressions for final contouring.

**Gluteal Volume Augmentation:** Gluteal muscle augmentations were performed with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

Gluteus muscle height was increased using a cross fanning grafting technique. Volume was added until the muscle reached the height of the posterior iliac spine.

The inner gluteal transition zones were reshaped with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

The gluteus Maximus and medius junction transition zones were reshaped with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

Lower lateral gluteal muscle-to-leg junction, the triangular zone between the biceps femoris and vastus lateralis were contoured with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

**Buttock Transition Zone Reshaping:** Superior, lateral, and inferior buttock transition zones were contoured with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

**Trochanter A frame Reshaping:** Widening the the A frame contour was performed with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

Inferior gluteal leg junction and mid-lateral buttock-to-frame junction were reshaped with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

**Lateral Buttock Depression Reshaping:** The lateral buttock depression areas were appreciated in the prone position. The depression was filled with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

**Mid-lateral Buttock Depression Reshaping:** The anterior and lateral portion of the mid-lateral buttock depression area was appreciated in the supine position. The depression was filled with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

Symmetrical volumes of graft placement was confirmed with volume recording and cosmetic symmetrical appearance. After completion, the ports were closed with an inverted interrupted 2-0 Byosin suture.

**Free Fat Transfer into Breasts:**

Patient was repositioned into the supine position with airway and cervical traction provided by anesthesia. The patient was log rolled and came to rest in the supine position with all major joints maintained in neutral position and supported with appropriate padding.

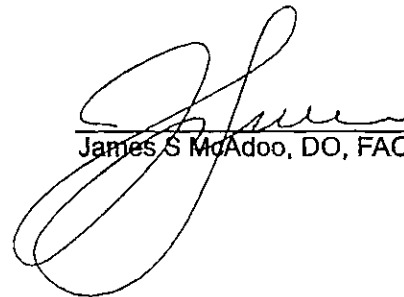
Injection of free fat grafts was performed with a Tulip 3 mm cannula and a 60 ml Toomey syringe. Aspiration was performed before injection of free fat grafts into the tissue. Fanning grid-iron placement with multiple port technique was used. Reverse linear threading was performed to place the grafts into the intra-muscular, subcutaneous planes, and breast gland layers.

Symmetrical volumes of graft placement was confirmed with volume recording and cosmetic symmetrical appearance. After completion, the ports were closed with an inverted interrupted 4-0 Biosyn suture.

Dressings:

The sacral triangle was bolstered with triangular ABD gauze. The incisions were covered with ABD pads and a circumferential ankle-length abdominal elastic garment.

Patient was awakened from anesthesia. The patient was transported to the post recovery area in stable condition.



James S. McAdoo, DO, FACOS

## Immediate Postoperative examination note:

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Date of surgery: 20160507

Location: Encore Plastic Surgery 1738 W 49th St, #10 Hialeah, FL 33012

Patient number: 99922

Patient name: [REDACTED]

### Physical exam:

In the Post anesthesia recovery unit, the patient was found to be supine with the head of bed at approximately 30°. Vitals upon the monitor were within normal range. The patient's pain was well controlled with IV pain medication.

**Vitals:** upon the monitor were within normal range.

**Head Eyes Ears Nose Throat:** within normal range

**Cardiovascular:** Heart was found to be regular rate and rhythm with no murmurs thrills or rubs. Pulses were 3/6.

**Pulmonary:** lungs were clear to auscultation bilateral

**Abdominal:** soft, non tender, non distended, bowel sounds were present

**Extremities:** intact x4, normal range of motion,

**Neurological:** normal 2/4 deep tendon reflexes

**Somatic Dysfunction:** none appreciated

**Operative Site:** incisions appeared to be intact. No signs of hematoma, seroma, cyanosis, necrosis, arterial insufficiency, or venous engorgement. The postoperative garment in proper position.

### Emergent Airway Control:

In the recovery room, the recovery nurse removed white plastic c-shaped oral airway. Immediate stridor was heard by the recovery nurse and attempt to replace was not successful. Pulse Ox was declining. Open jaw thrust positioning and bag valve mask with O2 did result in a rise in the Pulse Ox level with resistance in bag valve. Immediate reintubation was performed by the CRNA. CO2 wave pattern was appreciated and pulse Ox returned to 100 percent. Discussed with patient mother the airway complication. Mother stated patient does have severe snoring and stop breathing sounds when the patient sleeps. I recommended the patient be worked up for sleep apnea and should have this diagnosis remedied before any further surgery. EMS was called. Patient was weaned and extubated after EMS arrived. Pulse Ox was 99 percent on room air. EMS transported patient to Palm Springs Hospital.

### Home going instructions:

The patient agrees to keep the surgical area clean, dry and intact. Empty drains when half full. Patient agrees to not be involved in any strenuous activity that would cause injury to the area. The patient agrees to not shower or submerge the surgical area in water until drain is removed plus additional three days. The patient agrees to keep the surgical garment and elastic wraps in place 24 hours a day until released by her surgeon.

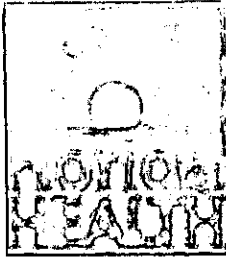
### Prescriptions include:

1. Zofran 4mg. 1 every 8 hours as needed for nausea. Dispense 10.
2. Percocet 5/325 mg 1-2 every four hours as needed for pain. Dispense 30
3. Keflex 500 mg every 12 hours for 10 days. Dispense 20.

### DVT awareness:

The patient agrees to elevate her legs above her heart when not in the standing position in order to promote spontaneous venous blood return to her trunk. The patient further agrees to pump her calf muscle up and down at least once every minute while in the standing position. Despite these precautions, the patient understands that she can develop a deep vein thrombosis and possible pulmonary embolus, which has many signs and symptoms.





201615886 73  
STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

DOH Consumer Services

SUBMIT FORM TO: MAY 25 2018  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Encore Plastic Surgery  
Name of office  
Hialeah 33012 Miami-Dade  
City Zip Code County  
James Ucedo DO  
Name of Physician or Licensee Reporting

1738 West 49 St  
Street Address  
305 819 8841  
Telephone  
058 857  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]  
Patient Name  
[Redacted]  
Patient's Address  
710517  
Patient Identification Number  
Diagnosis  
lipodystrophy of Abdomen/flanks  
full back, flat atrophy buttocks

[Redacted] f  
Age Gender  
5/12/16 Date of Office Visit  
Surgery Purpose of Office Visit  
15877 + 11954 ICD-9 Code for description of incident  
III Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/12/16 - 11:00 Am  
Incident Date and Time

Location of Incident:  
☐ Operating Room  
☒ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☒ Yes ☐ No  
Was an autopsy performed? ☒ Yes ☐ No pending results

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

See Attached Surgeon and Anesthesia notes

**B) ICD-9-CM Codes**

15877 + 11954  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

99211  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

398.2  
Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

no emergency equipment was used; only medications.

**D) Outcome of Incident (Please check)**

<input checked="" type="checkbox"/> Death  <input type="checkbox"/> Brain Damage  <input type="checkbox"/> Spinal Damage  <input type="checkbox"/> Surgical procedure performed on the wrong patient.  <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.  <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>CARLINS Palm Springs ER</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site **  <input type="checkbox"/> Wrong surgical procedure performed **  <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

James Meador OS11955; Javier Romero Amp 9172095;  
Jorge Lopez surgical Assistant N-230; Maritza Rodriguez Rn  
9392204; Mayra Rodriguez Medical Assistant.

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Same as above

**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

there are no issues to improve on, our medical staff  
acted appropriately to the emergency and patient was transfer  
to a high level of care.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

No correction action taken. Patient signed an informed  
consent explaining the risks + benefits of the procedure  
Medical staff acted appropriately to the emergency.

V. OS 11955  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT 11:00 AM  
 DATE REPORT COMPLETED 5/7/10 TIME REPORT COMPLETED



In the Pre anesthesia unit, the patient was found to be sitting in a comfortable position with normal affect. Patient said she has peace and God is in control. The patient requested and we had prayer together.

**Vitals:** upon the monitor were within normal range.

**Head Eyes Ears Nose Throat:** within normal range

**Cardiovascular:** Heart was found to be regular rate and rhythm with no murmurs thrills or rubs. Pulses were 3/6.

**Pulmonary:** lungs were clear to auscultation bilateral

**Abdominal:** soft, non tender, non distended, bowel sounds were present

**Extremities:** intact x4, normal range of motion,

**Neurological:** normal 2/4 deep tendon reflexes

**Somatic Dysfunction:** none appreciated

Review of Informed Consent:

I discussed the associated risks, benefits, alternatives, and complications associated with the procedures above with the patient. All of her questions were answered to his satisfaction. The patient understands what I as the surgeon, can and cannot achieve. The patient gave written and verbal consent with the understanding there was no guarantee of the result or her satisfaction with the surgery above.

Review of postoperative instructions:

Patient and I reviewed the expected steps to care for her result. A copy of the instructions were emailed to the patient. Main points reinforced were: no shower water due to bacterial contamination, no pressure on buttocks with sitting and sleeping, etc.

DVT awareness:

The patient further understands the possibility and probability of late effects of the surgery, which include but are not limited to: asymmetry, scar formation, deep vein thrombosis formation, VTE syndrome, and pulmonary emboli.

The patient agrees to elevate her legs above her heart when not in the standing position in order to promote spontaneous venous blood return to her trunk. The patient further agrees to pump her calf muscle up and down at least once every minute while in the standing position. Despite these precautions, the patient understands that she can develop a deep vein thrombosis and possible pulmonary embolus, which has many signs and symptoms.

Some the signs and symptoms of DVT, VTE, and PE can be but are not limited to: shortness of breath or calf tenderness that is unexplained brother means. If the patient were to develop symptoms of DVT or PE, the patient understands that it is a 911 emergency and she should seek emergency room workup with a venous ultrasound or other appropriate tests. For other questions or concerns, the patient agrees to call the office.

Patient's chart was reviewed and labs were found to have normal values for CBC, CMP, U/A, PTT, INR, BHcG. Patient was marked preoperatively in the holding area with a skin marker. The patient's heart was found to be regular rate and rhythm. The patient's lungs were clear to auscultation.

Anesthesia consultation: The patient received a preoperative anesthesia consultation. The patient received an order for:

1. Ancef 2 grams IV PreOp.
2. Bilateral pneumatic compression stockings.

Surgical technique:

The patient was brought to the operating room. The patient received General induction of anesthesia with intubation.

Bilateral Abdominal, Flank, suction assisted lipectomy:

The patient was in the supine position with all major joints maintained in neutral position and supported with appropriate padding.

The patient was prepped and draped with betadine solution and sterile towels and drapes in the usual fashion. Local injection with 1% lidocaine with epinephrine 1:100,000 concentrations underneath the proposed incision marks.

Incisions were made over the existing preoperative marks. A 11-blade scalpel was used to make the entrance points for the tumescent solution.

Tumescent solution was instilled into the areas above with a 3 mm injection cannula under Klein pump control with a weight metered volume measurement device.

20 minutes were allowed to pass after tumescent solution was placed in the subcutaneous tissue for the anticipated suction assisted lipectomy.

A 3 mm and 4mm cannula was used to remove the liposuction affluent.

Suction assisted lipectomy was performed in a crisscross, gridiron pattern from multiple ports to reduce postoperative suction deformities. After completion, the ports were closed with an inverted interrupted 2-0 Biosyn suture.

Bilateral Upper and Lower Back, Flank, Suction Assisted Lipectomy:

The patient was repositioned into the prone position with airway and cervical traction provided by anesthesia. The patient was log rolled and came to rest in the prone position with all major joints maintained in neutral position and supported with appropriate padding.

The patient was prepped and draped with betadine Solution and sterile towels and drapes in the usual fashion. Local injection with 1% lidocaine with epinephrine 1:100,000 concentration underneath the proposed incision marks.

Incisions were made over the existing preoperative marks with 15-blade scalpel to make the entrance ports for the tumescent solution.

Tumescent solution was instilled into the areas above with a 3 mm injection cannula under slow Klein pump control with a weight metered volume measurement device measuring the tumescent weight infused.

20 minutes were allowed to pass after tumescent solution was placed in the subcutaneous tissue for the capillary epinephrine effect on the subcutaneous tissue.

A 3 mm and 4mm cannula was used to remove the liposuction affluent.

Suction assisted lipectomy was performed in a crisscross, gridiron pattern from multiple ports to reduce postoperative suction deformities. After completion, a vacuum free Becker cannula was used to fee up the skin retractions and the ports were closed with an inverted interrupted 4 - 0 Biosyn suture.

Free adipose graft placement:

Effluent adipose was separated with gravity and Gentamicin 160 mg was added to adipose grafts. Aneef at 1 gram per liter ratio was added to the adipose grafts.

Injection of free adipose grafts was performed with a Tulip 4 mm cannula and a 60 ml Toomey syringe. Aspiration was performed before injection of free adipose grafts into the tissue. Approach to the Buttock structures was performed through a superior vertical intergluteal cleft and superior iliac crest incisions.

Adipose grafting was performed with a repetitive back and forth motion, layering the adipose at multiple levels with multiple passes. The syringe was in constant motion while the adipose was slowly injected in a reverse linear, threading fashion. Fanning cross-grafting placement with reverse linear threading was performed to place the grafts into the intra-muscular, and

subcutaneous planes. In the muscle, the reverse linear threads were thicker and loosely layered with 60ml syringe. The subcutaneous tissue layer received thinner, adipose reverse linear threads with tighter layering and using a grid-iron cross-fanning approach.

Adipose grafts were used to shape and contour the gluteus muscle, and increase buttock volume. Medial intramuscular injections were performed first, followed by medial subcutaneous injections, then peripheral transition zones and depressions for final contouring.

**Gluteal Volume Augmentation:** Gluteal muscle augmentations were performed with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

Gluteus muscle height was increased using a cross-fanning grafting technique. Volume was added until the muscle reached the height of the posterior iliac spine.

The inner gluteal transition zones were reshaped with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

The gluteus Maximus and medius junction transition zones were reshaped with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

Lower lateral gluteal muscle-to-leg junction, the triangular zone between the biceps femoris and vastus lateralis were contoured with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

**Buttock Transition Zone Reshaping:** Superior, lateral, and inferior buttock transition zones were contoured with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

**Trochanter A frame Reshaping:** Widening the the A frame contour was performed with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

Inferior gluteal leg junction and midlateral buttock-to-frame junction were reshaped with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured to surrounding structures.

**Lateral Buttock Depression Reshaping:** The lateral buttock depression areas were appreciated in the prone position. The depression was filled with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

**Mid-lateral Buttock Depression Reshaping:** The anterior and lateral portion of the mid-lateral buttock depression area was appreciated in the supine position. The depression was filled with multiple repeated passes placing the adipose grafts in the mid-deep level and then moving to a more superficial level until the defect was contoured with surrounding structures.

Symmetrical volumes of graft placement was confirmed with volume recording and cosmetic symmetrical appearance. After completion, the ports were closed with an inverted interrupted 2-0 Biosyn suture.

#### Dressings:

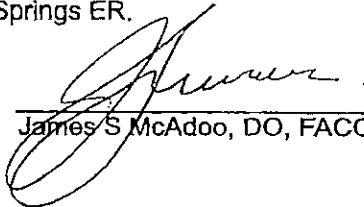
The sacral triangle was bolstered with triangular ABD gauze. The incisions were covered with ABD pads and a circumferential thigh-length abdominal elastic garment.

Patient was awakened from anesthesia. The patient was transported to the post recovery area in stable condition.

Transport Patient Condition Deterioration:

During transport to recovery area, the patient sat up with her arms from the transport bed and collapsed back onto the recovery bed. Following that event, the patient did not respond to commands or stimulation. The patient carotid pulse was not detected, no breath sounds were appreciated and the patient in the recovery bed was diverted back to the OR for proximity of the crash cart, intubation and eventual ventilator support. During the diversion to the OR a code blue was called, chest compressions were initiated during transport. EMS was alerted with telephone call during diversion to OR.

The Nurse Anesthetist administered and coordinated the code sequence. Upon return to OR, compressions continued on backboard, the heart monitor was attached and a-systole appreciated. Airway transition from bag valve to ET tube was completed during compressions, simultaneously with with 1mg of epinephrine IV, a-systole still appreciated. Compressions continued, and second dose 1 mg epinephrine IV was administered. Sinus bradycardia was appreciated on the monitor and faint carotid pulse was palpated. Atropine 1 mg was administered and sinus bradycardia appreciated on the monitor. EMS then arrived and EMS equipment was attached to the patient. The patient was transferred to EMS bed with sinus bradycardia rhythm and faint carotid pulse. EMS transported patient to Larkin Palm Springs ER.



James S. McAdoo, DO, FACOS

## Immediate Postoperative examination note:

Patient name: Date of surgery: 20160512

Location: Encore Plastic Surgery 1738 W 49th St, #10 Hialeah, FL 33012

Patient number: 76517

Patient name: [REDACTED]

### Physical exam:

**Location:** Patient diverted to the OR on way to the Post anesthesia recovery unit.

**Vitals:** Sinus bradycardia on monitor faint carotid pulse.

**Head Eyes Ears Nose Throat:** Pale color to skin, ET tube in place.

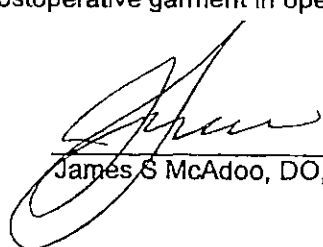
**Cardiovascular:** When checking monitor for rate, heart was found to be irregular rate and slow rhythm. Pulses where 1/6 carotid.

**Pulmonary:** lungs were clear to auscultation bilateral

**Abdominal:** soft, non tender, non distended, bowel sounds not present

**Operative Site:** incisions appeared to be intact. No signs of hematoma, seroma, cyanosis, necrosis, arterial insufficiency, or venous engorgement. The postoperative garment in open front position.

EMS transport to Larkin Palm Springs Hospital ER



James S McAdoo, DO, FACOS

# ANESTHESIA RECORD

Date 3/12/16 OR No. 1 Page 1 of 1 Procedure BBC Lypocetum Cat Frim

Surgeon(s) J. McLeod

**PRE-PROCEDURE**

Identified: ☒ ID Band ☒ Questioning  
 (Chart Reviewed) ☒ Permit Signed  
 ANPD Chito: 2/03  
 Pre-Anesthetic States: ☒ Calm  
☒ Awake ☒ Asleep  
☒ Apprehensive ☒ Confused  
☒ Uncooperative ☒ Unresponsive

**PATIENT SAFETY**

Askes, Machine # 2 Checked  
 Safety Bell On ☒ Auxiliary Bell  
 Ambu Reservoir ☒ Arms Tucked  
 Pressure Points Checked and Padded  
 Gyno Care: ☒ Ointment ☒ Saline  
 Unpadded: ☒ Pads ☒ Goggles

**MONITORS AND EQUIPMENT**

☒ SpO2 ☒ ECG ☒ Esoph ☒ Other  
☒ Non-Invasive B/P ☒ Leth ☒ Right  
☒ Continuous EKG ☒ V Lead EKG  
☒ Pulse Oximeter ☒ Oxygen Sensor  
☒ End Tidal CO2 ☒ Gas Analyzer  
☒ Temp ☒ Nerve Stimulator  
☒ Warming Blanket ☒ EEG ☒ Doppler  
☒ Airway Humidifier ☒ Fluid Warmer  
☒ NG/OG Tube ☒ Foley Catheter  
☒ Art. Line  
☒ CVP  
☒ PA Line  
☒ Urine 24/24  
☒ TED Heep Bed Appr

**ANESTHETIC TECHNIQUE**

General: ☒ Pre-Oxygenation ☒ C/LTA  
☒ Rapid Sequence ☒ Cold Pressure  
☒ Laryngoscopy ☒ Inhalation  
☒ Intermittent ☒ Racial  
☒ Regional: ☒ Spinal ☒ Epidural  
☒ Axillary ☒ Block ☒ Ankle Block  
☒ C. Prep ☒ Local  
☒ Needle ☒ N/A  
☒ Drug(s) ☒ N/A  
☒ Dose ☒ N/A  
☒ Site ☒ Level  
☒ Catheter ☒ Sso Remarks  
☒ Other: ☒ MAO ☒ L

**AIRWAY MANAGEMENT**

Intubation: ☒ Oral ☒ Tube size 6.5  
☒ Stylet Used ☒ Macal ☒ Regulator  
☒ Magilla ☒ Direct ☒ RAE  
☒ Fiber Optic ☒ Blind ☒ Armored  
☒ Blade MAC 3  
☒ Secured at 21 cm ☒ Endobronch  
☒ Attempts 1 ☒ NETCO, Present  
☒ Breath Sounds Present  
☒ Uncuffed, Looked at cm H2O  
☒ Cuffed 3 Min. Occ. Pros. W/Art. NG  
☒ Airways: ☒ Oral ☒ T/LMA ☒ Nasal ☒ Difficult  
☒ Circuit: ☒ Circle ☒ NR3 ☒ Sso Remarks  
☒ Mask Case ☒ Nasal Cannula  
☒ Via Tracheostomy ☒ Simple Oxygen

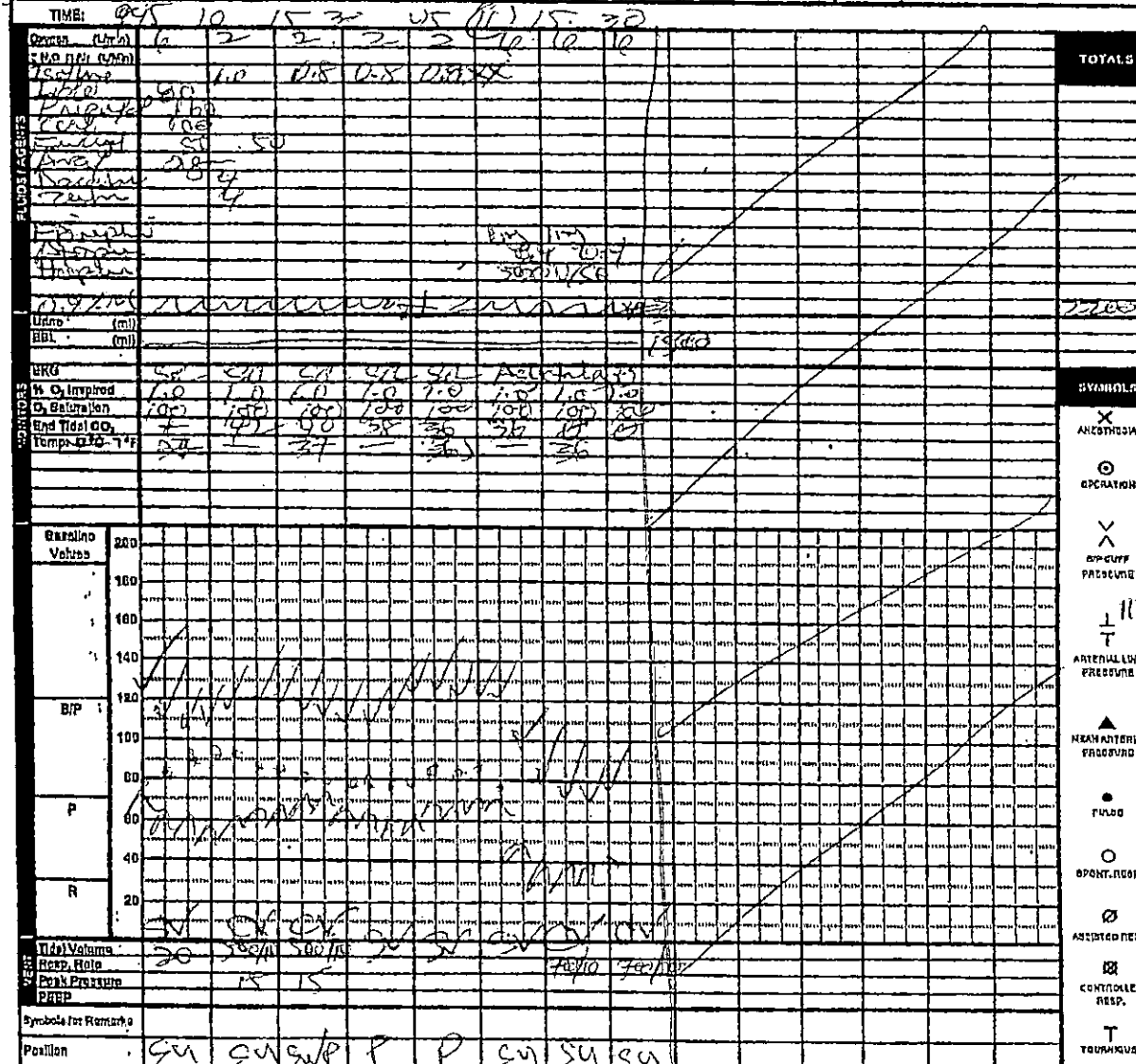
**START**

Anesthesia 045 10  
 Procedure 1000 10

**RECOVERY**

Location PHU 10  
 BIP 66/26 98%  
 P 48 CV 36  
☒ Awake ☒ Stable ☒ Non  
☒ Drains ☒ Stable ☒ Max  
☒ Satisfied ☒ Intubated ☒ 10 min  
☒ Unresponsive ☒ Ventilator ☒ 10 min

Recovery Notes  
Pt. Stopped Bici  
complete AC



**FLUID TOTALS**

Crystalloids 3500 150  
 Blood 0 0  
 Urine 0 0

**REMARKS**

045 H/O RTD F.O.B  
 ASA Monitor 2.02  
 Apper. Respired  
 IV started and flush  
 as 10 min  
 1000 Start of Surg  
 1055 End of Surg  
 Suction / Extubate  
 1102 Upon Transport  
 Returned Back with  
 OR Pt post Breathing  
 Wall. Pt Ventilator  
 via Ambu Bag.  
 Pt into ICU still  
 chest compression  
 started. No Pulse  
 1108 Epi 1mg given.  
 Chest Compression  
 continued 911 called  
 1112 Airway bag  
 weak pulse. Doel  
 into ICU al Epi  
 1mg 6m chest  
 compression called  
 1125 Pulse present  
 weak 42-45.  
 ENT Arrived. Pt  
 was reinitiated  
 during the process  
 full depth 6m  
 ENT Pt Tuck  
 to Palm Spr  
 C.R.

**PATIENT IDENTIFICATION**

Symbol for Remarks

Position

**ANESTHESIA PROVIDER**

Signature: J. Ronin

**CONTROLLED DRUGS**

Drug	Issued	Used	Returned
<u>Propofol</u>	<u>100</u>	<u>100</u>	<u>0</u>

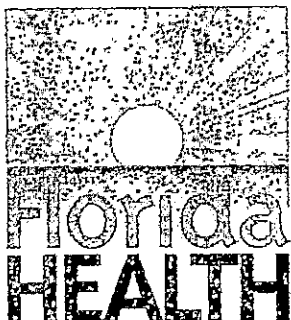
**Provider** J. Ronin  
**Willson**

# 76517

201616740 115

STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Service



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

JUN 07 2016

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Sarasota Vascular Leasing  
Name of office

600 N. Cattlemen Rd  
Street Address

Sarasota 34232 Sarasota  
City Zip Code County

941-371-6565  
Telephone

David Showalter MD  
Name of Physician or Licensee Reporting

ME60158 #0SR 1132  
License Number & office registration number, if applicable

[REDACTED]  
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[REDACTED]  
Patient Name

[REDACTED] Age Gender ☐ Medicaid ☒ Medicare

[REDACTED]  
Patient Identification Number

5-13-16  
Date of Office Visit

813124  
Diagnosis 177.1, N18.6, I70.213,  
E78.2, E11.9

Angio with possible Arthroctomy  
Purpose of Office Visit

ICD-9 Code for description of incident

11  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-13-16 11:50AM  
Incident Date and Time

Location of Incident:

☒ Operating Room  
☐ Other

☐ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

After 50 mg Protamine patient complained: shoulder/neck  
pain, and chest pain. B/P stable throughout. No resolution  
of chest pain; O2 sats diminished on non-rebreather  
after 30 mins O2 sats improved still no resolution  
of chest pain with SL NTG. Received IV Benedryl.  
Will send to ER via ambulance for further eval.  
[REDACTED] called and referring physician called.

Patient kept for observation discharged

5-15-16

B) ICD-9-CM Codes

37225, 75710

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

T38.3x5

Resulting injury  
(ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☒ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only Observation/discharged 5-15

Name of facility to which patient was transferred:

Sarasota Memorial Hospital

- ☐ Surgical procedure performed on the wrong site \*\*
- ☐ Wrong surgical procedure performed \*\*
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

\*\* if it resulted in:

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Karen Ramsey RN Anesthesia

RN 9407733

David Showalter MD

ME 60158

Erlene Lawson CRT assistant

CRT

Kelly Romagnola RTR circulating

CRT 52147

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Same as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

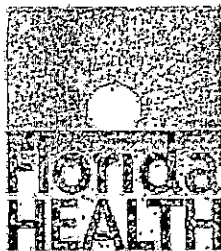
Patient had reaction to Protamine, end stage renal disease, diabetic, and artery stricture.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Proactive - cold compress, IV fluids, Benedryl, SL Nitro, O2. 911 called patient sent to Sarasota Memorial for

Observation discharged 5-15-16.





2016/6/6/15  
STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

JUN 06 2016

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Gulf Coast Vascular Surgeons  
Name of office  
Ft Myers FL 33907 Lee  
City Zip Code County  
Abraham Sadighi  
Name of Physician or Licensee Reporting

8010 Summerlin Lakes Dr.  
Street Address  
239-939-1767 ext 241  
Telephone  
ME 39231  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]  
Patient's Address  
15360  
Patient Identification Number  
BDD  
Diagnosis

[Redacted]  
Age 51 Gender Female  
Medical Aid Medicare 20  
Date of Office Visit  
Purpose of Office Visit Cuffed Access (Dialysis)  
ICD-9 Code for description of incident  
#  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-19-16 Approx 1330  
Incident Date and Time

Location of Incident:  
☒ Operating Room / Angio  
☐ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

During procedure pt suddenly complained of shortness of breath and need to sit up. Initial O2 sat 93-98% RA with NO SOB. Access secured and pt sat up without improvement. BP increased and O2 sat began to decrease. O2 applied via mask (simple) O2 sat in the low 80's. NPB placed @ 100% O2, LS very diminished with inspiratory/expiratory wheezing, NO facial flush or swelling. SOLU-CORTOL 10mg given IV and albuterol nebulizer started. EMS activated. O2 sat increasing with nebulizer treatment and pt stated breathing getting easier. BP coming down, O2 sat > 90% w/ nebulizer.

Lungs have Expiratory and Inspiratory wheezing throughout with Improved air movement. EMS to the bedside and pt transferred to Gulf Coast hospital for further treatment/evaluation. Sterile Dressing placed to left arm fistula, NO bleeding

B) ICD-9-CM Codes

30147-Intro needle/AVF  
30810-Thrombectomy AVG

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

For 911-Bronchospasm

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Gulfcoast Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	--

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Amanda Reeker RN 9379892  
Donna Weeks RT 453254  
Abraham Sadighi MD 39231  
Nancy Nieto MD  
Jessi Heim-Schneider

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Possible allergic reaction to IV dye vs exacerbation of underlying lung disease.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

SOB-Cortex 100mg IV, Albuterol Nebulizer and transfer to hospital for further evaluation + treatment.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

201611386-151

STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT DOH Consumer Services

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit JUN 17 2016  
4052 Bald Cypress Way, Bln C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Sarasota Vascular Leasing  
Name of office  
Sarasota 34232 Sarasota  
City Zip Code County  
David Showalter MD  
Name of Physician or Licensee Reporting  
600 N Cattlemen Rd  
Patient's address for Physician or Licensee Reporting

600 N Cattlemen Rd  
Street Address  
941-371-6565  
Telephone  
ME60158 OSR# 1132  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]  
[REDACTED]  
354510  
Patient Identification Number  
I70.243, I10, I93.12  
Diagnosis

[REDACTED] ☐ Medicaid ☒ Medicare  
Age 51 Gender Male  
Date of Office Visit Arterectomy LEFT SFA  
Purpose of Office Visit  
76937, 75774, 75710, 37211, 36247, 37184  
ICD-9 Code for description of Incident  
Level II 37227  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/26/16 12:10 PM  
Incident Date and Time

Location of Incident:  
☒ Operating Room ☐ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative):  
(use additional sheets as necessary for complete response)

Patient here for LEFT SFA, Atherosclerosis of native arteries of Left leg with ulceration left ankle. Arterectomy of left SFA, complication embolization of thrombus into the peroneal successfully treated with reestablishment of runoff. After sheath pulled [REDACTED] dropped [REDACTED] pressure. CT was done which showed retroper [REDACTED] near [REDACTED] ma, transported to Sarasota Memorial. Patient taken to OR where Dr Showalter stitched [REDACTED] up.

Patient kept over the weekend for observation

B) ICD-9-CM Codes

76937, 75774, 75710, 37211  
36247, 37184, 37227

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E 878-879

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

T 81.719

Resulting injury  
(ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	** if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only <u>OR to STITCH ARTERY &amp; observation</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: <u>Sarasota Memorial Hospital</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident; this would include anesthesiologist, support staff and other health care providers.

ME 60158 Physician/Surgeon DAVID Showalter MD  
CRT 52147 CIRCULATING CRT KELLY Romagnola  
RN 9407733 ANESTHESIA RN Karen Ramsey  
CVT Scrub tech ELENE LARSON

F) List witnesses, including license numbers if licensed; and locating information if not listed above

Same as above and Douglas Dorsay MD  
ME 74450

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Patient was given 12,500 units of Heparin to remove embolus, retroperitoneal is a complication of femoral stick  
hemorrhage

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Patient was transferred to hospital so the surgeon could  
stitch [redacted] up. Patient kept over the weekend for  
observation.

JUN 15 2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

## SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

## I. OFFICE INFORMATION

FL Spine Institute  
Name of officeClearwater 33765 Pinellas  
City Zip Code County

Jennifer Harris, LHRM

Name of Physician or Licensee Reporting

2250 Drew St. Clearwater, FL 33765

Patient's address for Physician or Licensee Reporting

2250 Drew Street  
Street Address727-797-7463  
Telephone

5504912 OSR# 754

License Number &amp; office registration number, if applicable

## II. PATIENT INFORMATION

[REDACTED]  
Patient's Address647835  
Patient Identification Number  
Lumbar radiculitis  
Diagnosis[REDACTED]  
Age 05/31/2016

Gender

☐ Medicaid ☐ MedicareDate of Office Visit  
Caudal Epidural Steroid InjectionPurpose of Office Visit  
R41.82ICD-9 Code for description of incident  
Level II

Level of Surgery (II) or (III)

## III. INCIDENT INFORMATION

05/31/2016 1050  
Incident Date and Time

Location of Incident:

☐ Operating Room  
☐ Other☒ Recovery RoomNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

## A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient arrived to PACU via wheelchair at 1034. Vital signs stable, arousable, alert and oriented X3. Tolerated po food and fluids without difficulty. IV d/c'd at 1040. At 1050 nurse reports patient became unresponsive to stimuli. Physician and CRNA notified and at bedside. Used amonia capsules X2 with no response. Patient transferred to stretcher and mask placed with 6L O2. Vitals at 1055 were: BP 155/87, HR 88, RR 16, O2 sat 98%. Unresponsive to auditory commands or painful stimuli. No abnormal movement, eyes open. No cyanosis, pallor or respiratory distress. EMS called. Patient remained unresponsive with vital signs stable. 22g IV started in left antecubital. EMS transferred patient to Morton Plant Hospital.

## B) ICD-9-CM Codes

CPT 62311

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

R41.82

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

T81 9XXA

Resulting injury (ICD-9 Codes 800-999.9)

## C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

None

## D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<b>** if it resulted in:</b>
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only _____	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: <u>Morton Plant Hospital</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

## E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr. Luis Figueroa- ME66110 Evaluated patient

David Grasso- ARNP2620362 Assisted nursing staff, evaluated patient

Kelly Kochenour- RN9265085 Assisted with patient care

## F) List witnesses, including license numbers if licensed, and locating information if not listed above

## IV. ANALYSIS AND CORRECTIVE ACTION

### A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

The cause has not been identified at this time. Patient was admitted for evaluation.

### B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

All patients will continue to have a thorough examination of their H&P and be monitored post-procedure for complications.

STATE OF FLORIDA  
Rick Scott, Governor

JUN 24 2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

## SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

## I. OFFICE INFORMATION

The Vascular Group of Naples

Name of office

Naples 34103 Collier

City

Zip Code

County

Dr Zamora

Name of Physician or Licensee Reporting

Same as above

Patient's address for Physician or Licensee Reporting

2430 Goodlette Rd N. Ste 102

Street Address

239-643-8794

Telephone

ME12801

License Number &amp; office registration number, if applicable

## II. PATIENT INFORMATION

Patient's Address

310315

Patient Identification Number

Atherosclerosis chest pain

Diagnosis

Age

6-6-16

Gender

☐ Medicaid ☐ Medicare

Date of Office Visit

1/6/16 intervention

Purpose of Office Visit

I-70.221

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

## III. INCIDENT INFORMATION

6-6-16

Incident Date and Time

Location of Incident:

☐ Operating Room☒ Recovery Room☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/AWas an autopsy performed? ☐ Yes ☐ No N/A

## A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Approximately 3hrs after procedure, patient began complaining of pain to [redacted] foot. This was associated to cyanotic discoloration to [redacted] toes. Bedside arterial Duplex demonstrated that [redacted] new stents had occluded





STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Center for Digestive Medicine  
Name of office

Miami 33156 DADE  
City Zip Code County

VICTOR M. PINA, MD  
Name of Physician or Licensee Reporting

7887 N. Kendall Drive Suite 101  
Street Address

305-273-6266  
Telephone

OSR 1117  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II.

[Redacted Patient Information]  
Patient Identification Number

Diagnosis Dysphagia

70 F ☐ Medicaid ☐ Medicare  
Age Gender

6/7/16  
Date of Office Visit

Endoscopy for Dysphagia  
Purpose of Office Visit

787.20 / R13.10  
ICD-9 Code for description of incident

Level of Surgery (II) of (III) (II)

III. INCIDENT INFORMATION

6/7/16 9:20 AM  
Incident Date and Time

Location of Incident:

☐ Operating Room  
☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

- Patient experienced laryngospasm and/or asthma attack during procedure. Gastroscope was quickly removed and 100% oxygen via ambu mask was administered. Oxygen saturation came back up to 98% and a face mask was placed on the patient, (+EtCO<sub>2</sub>) as well as Albuterol puffs - at this point patient was awake. Patient was transferred to recovery room awake and stable, denied shortness of breath. NOTED

- During length of PACU stay:

DH-MQA1030-12/06

Page 1 of 2

- continued -

Patient was stable in PACU while on oxygen. When left on room air, [REDACTED] would eventually desaturate to 88-89%. Lungs were always clear and patient never denied shortness of breath. Additional albuterol puffs and nebulizer treatments were administered, but did not increase the room air  $SpO_2$ . The decision was made to send patient to hospital to rule out further sequelae. Patient also ambulated to restroom without help or shortness of breath. It should be noted that patient was a poor historian, and informed staff post procedure of [REDACTED] use of oxygen at home and diagnosis of emphysema. [REDACTED] also uses daily nebulizer treatments at home.

B) ICD-9-CM Codes

787.20 / RL3.10  
Surgical, diagnostic, or treatment  
procedure being performed at time of  
incident (ICD-9 Codes 01-99.9)

491.21 / J44.1  
Accident, event, circumstances, or  
specific agent that caused the injury  
or event. (ICD-9 E-Codes)

491.21 / J44.1  
Resulting injury  
(ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only <u>observation only</u> Name of facility to which patient was transferred: <u>Baptist Hospital of Miami</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Natalie Gonzalez, CRNA (ARNP 9262639) - 9330 SW 82 ST miami, FL 33173 (786) 301-6822

Massiel Ruiz, RN - Recovery Room (RN 9358205) (786) 359-6981

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

COPD exacerbation

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

patient to ER as precautionary measures

V.

ME55125  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME55125  
LICENSE NUMBER

06/22/2016  
DATE REPORT COMPLETED

3:00 pm  
TIME REPORT COMPLETED



201618758-101  
STATE OF FLORIDA  
Charlie Crist, Governor

DOH Consumer Services

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

JUL 13 2016

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

BSS International, Inc  
Name of office

Tamarae, 33321 Broward  
City Zip Code County

Michael Benjamin, MD  
Name of Physician or Licensee Reporting

[REDACTED]  
Patients address for Physician or Licensee Reporting

777 N. University Drive SU 102  
Street Address

954-720-7777  
Telephone

ME14909  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]  
Patient Name

[REDACTED]  
Patient's Address

HF130055407  
Patient Identification Number

uterine perforation  
Diagnosis

[REDACTED] ☐ Medicaid ☐ Medicare  
Age Gender

6/24/2016  
Date of Office Visit

2nd trimester therapeutic termination of pregnancy  
Purpose of Office Visit

N99.71  
ICD-9 Code for description of Incident

II  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/24/16  
Incident Date and Time

Location of Incident:  
☒ Operating Room ☐ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

patient in course of suction curettage at 15 weeks gestation for therapeutic diagnosis of fetal hydrocephaly - incurred a perforation through prior C/s scar into broad ligament - patient was observed briefly and decision made to transfer due to concern about intraperitoneal bleeding - admitted to Coral Springs Med Ctr where [REDACTED] had a laparotomy / supracervical hysterectomy as opposed to repair of laceration at patient's request [REDACTED] required transfusion otherwise recuperating uneventfully discharged on fourth post operative day

B) ICD-9-CM Codes

2nd trimester termination N99.71

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

uterine perforation

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer -- e.g., death, brain damage, observation only <u>Surgical procedure</u> Name of facility to which patient was transferred: <u>Coral Springs Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input checked="" type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> ; Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Robin Hathaway PN 636561 - assistant

Anyel Calcedo MA - assistant

Maria Sierra - assistant

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Same as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

patient had known increased risk because of two prior C/S  
only alternative would be hysterotomy - can't see any way to reduce the inherent risks of dilatation in patients with prior C/S

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Will try increasing duration of pre-operative misoprostol to two hours instead of the usual one hour in these patients - laminaria might be considered

V.

Signature of Physician/Licensee Submitting Report

14909  
 LICENSE NUMBER

7/7/2016

3:30 pm

DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQAI030-12/06

Page 2 of 2

as alternative but feel its riskier with prior C/S at this stage  
as laminaria add risks of their own



STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

JUL 20 2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

American Access Care of Miami  
Name of office  
Miami 33156 miami-dade  
City Zip Code County  
Jose Ramirez/ Gabrielle Giordani (reporting)  
Name of Physician or Licensee Reporting  
same as above  
Patient's address for Physician or Licensee Reporting

9200 s. Dadeland Blvd. suite 101  
Street Address  
305-670-1044  
Telephone  
ME86739/OSR670  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]  
Patient Name  
[REDACTED]  
Patient's Address  
4001533  
Patient Identification Number  
ESRD  
Diagnosis

[REDACTED] female  
Age Gender Medicaid Medicare  
6/28/2016  
Date of Office Visit  
Catheter Exchange  
Purpose of Office Visit  
N18.5  
ICD-9 Code for description of incident  
II  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/28/2016 16:25  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☒ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Upon arrival to recovery patient began complaining of shortness of breath and appeared agitated and anxious.  
Patient was placed on oxygen via non re breather O2 sat 100% B/P109/64 P: 118.  
Dr. Ramirez notified and requested the patient be sent to ED for further evaluation.  
Report given to EMS upon arrival, patient was transferred to Baptist ED via ambulance in stable condition.  
Patient has a state guardian which was notified. Upon follow up with hospital it was reported that the  
patient signed out of ED AMA. Patient returned to Dialysis clinic the following day for treatment and appeared  
to be in stable condition.

**B) ICD-9-CM Codes**

N18.6

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

N/A

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<b>** if it resulted in:</b>
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer — e.g., death, brain damage, observation only <u>Baptist Hospital Kendall</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: _____	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Jessica Miller Procedure RN 9321109

Tiffany Potano Post procedure RN 9248517

Jose Ramirez MD ME86739

**F) List witnesses, including license numbers if licensed, and locating information if not listed above****IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

patient existing factors

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Policies and procedures reviewed with clinical staff and no action taken

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

SEP 07 2016



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Lifeline Vascular and Interventional Center  
Name of office

Niceville 32578 Okaloosa  
City Zip Code County

Lisa Normandin RN  
Name of Physician or Licensee Reporting

Dr. Huey McDaniel ME118434  
Patient's address for Physician or Licensee Reporting

4585 E Hwy 20 #125  
Street Address

(850) 678-0184  
Telephone

RN 3173432 HCC10009  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient's Address

000248000718

Patient Identification Number

Peripheral Arterial Disease  
Diagnosis

Age

6/29/16

Gender

☐

Medicaid

☒

Medicare

Date of Office Visit

Aortic aneurysm w runoff, stent placement x2  
Purpose of Office Visit

ICD-9 Code for description of incident

11  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/29/16 1:40 pm  
Incident Date and Time

Location of Incident:

☐ Operating Room  
☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

At 1:40pm pt had a sudden onset of bradycardia with heart rate dropping from 70's to 20's. pt became unresponsive during this episode. Crash cart was brought out but not needed as heart rate returned to normal and pt returned to A, O x3 status without intervention. At 2:10 noted pt Bp in low 90's. pt did not c/o pain. Stated was hungry and thirsty. pt had Bp drop to low 70's when sitting up. 500 ml of Normal Saline given for low bp. pt. continued to have orthostatic blood pressure drops when sat up. Another 500 ml Saline given. Bp remained low.



when pt sat up. Kept pt lying supine and called 911. Pt and [redacted] sent to Sacred Heart Hosp in Destin. MD AWAKE. CM AWAKE.

**B) ICD-9-CM Codes**

CPT-37321 X2; 75625, 75625, 76937 ICD-9 447.1; 441.4 ICD-10 I77.1; I71.4  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

None

**D) Outcome of Incident (Please check)**

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<b>** if it resulted in:</b>
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer – e.g., death, brain damage, observation only	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<u>Ft. Walton Beach Medical Center</u>	<input type="checkbox"/> Fracture or dislocation of bones or joints
<u>pt treated and discharged</u>	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Cassandra Besche RN 9343496 Lisa Normandin RN 3173432 Nick Chapeau RN 9174816  
Nick was RN in the procedure room. Cassie and Lisa were working pre/post. Cathy Johnson is our access coordinator. All can be located at (850) 678-0184

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

DR. Huey McDaniel ME # 118434

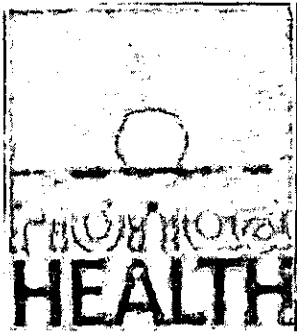
**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

successful procedure performed as expected. Adverse reaction post op of unknown causes. pt not a diabetic. There were no med errors and no equip. malfunctions.

**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**

pt was given Normal saline for blood pressure drop and sent to emergency room for further evaluation.



STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

JUL 27 2016

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Miami Vascular Surgery

Name of office

South Miami

33143

Miami-Dade

City

Zip Code

County

Chaminda Jayanetti, M.D.

Name of Physician or Licensee Reporting

6730 SW 28th Terrace Miami, Florida 33155

Patient's address for Physician or Licensee Reporting

6280 Sunset Drive, Suite 609 South Miami, Florida 33143

Street Address

305-668-1660

Telephone

CSR1143

License Number & office registration number, if applicable

ME 96517

II. PATIENT INFORMATION

[Redacted Patient Name]

Patient's Address

Patient Identification Number

Diagnosis

Age

07/05/2016

Gender

☐

Medicaid

☐

Medicare

Date of Office Visit

Treat malfunctioning Fistula

Purpose of Office Visit

ICD-9 Code for description of incident

Level (II)

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/05/2016 at 11:30a.m.

Incident Date and Time

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

See Attached



# MIAMI VASCULAR SURGERY

6280 Sunset Drive, Ste 609, 611

Miami FL 33143

## CARDIOPULMONARY RESUSCITATION RECORD

Patient Name: [REDACTED]

Date: 7/5/16

1. Time of arrest: 1130 witnessed by: MARTIN DEL VALLE CRNA 911 called: yes @ 1132

2. Precipitating event: Patient having a fistulogram as outpatient, administered contrast and BOVINE THROMBIN

3. Oxygenation: O2 10 L/Min via Mask:        Cannula:        Ambu: ✓

Ambubag with airway: Yes:        No: ✓

4. CPR initiated at: 1132 Initiated by: DR. C. JAYANETHI

5. Medications given: IV line started: Patient's FISTULA USED AS IV ACCESS

MEDICATIONS	Dose	Route	Time/init	Time/init	Time/init	Time/init
Atropine 1 mg						
Amiodarone 300mg/150mg						
Calcium Chloride 5-10ml of 10% sol						
Epinephrine 1 mg	<u>1mg</u>	<u>IV</u>	<u>1134</u>			
Flumazenil 0.2mg over 15sec						
Lidocaine 1mg/kg						
Nitroglycerin 0.4mg/SL						
HEPARIN 5000 units/mL	<u>8000 UNITS</u>	<u>IV</u>	<u>1135</u>			

6. Defibrillation: AED NO defibrillation needed

TIME	RESPONSE

# MIAMI VASCULAR SURGERY

6280 Sunset Drive, Ste 609, 611

Miami FL 33143

TIME	NOTES
1130	Patient undergoing FISTULOGRAM under MAC anesthesia by CRNA, pt administered BOVINE THROMBIN to treat PSEUDOWEISMAN as per MD order via ① ARM FISTULA. During procedure, pt began having labored breathing & became unresponsive to verbal stimuli & slightly cyanotic. At this time, CRNA began giving PT. POSITIVE PRESSURE VENTILATION via AMBU @ 10L/MIN. _____ R
1132	CPR begun by DR. TAVANETHI due to inability to palpate a pulse via CAROTID & FEMORAL APPROACH. EMS NOTIFIED AT THIS BY ASHLEY PERIA-SANCHEZ, RN
1134	Epi 1mg given IV as per ACLS PROTOCOL, CPR IN PROGRESS. _____ R
1135	HEPARIN 8000 UNITS IV GIVEN as per MD order via ① FISTULA, patient at this time began to respond to verbal stimuli, PULSE OBTAINED via CAROTID & FEMORAL APPROACH, PT. WARM & PINK IN APPEARANCE. _____ R
1142	Paramedics arrived to vascular lab care endorsed to EMS. PT'S DISPOSITION to ER. _____ R

B) ICD-9-CM Codes - 1CD-10

~~ICD-10~~ 99.2 (ICD-9 cm) THROMBIN 995.0  
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
 (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>Observation Only</u> Name of facility to which patient was transferred: <u>South Miami Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Chaminda Jayanetti, M.D.- running the code (ME96517)  
Martin Del Valle, CRNA- in charge of controlling airway and supplying medication (ARNP9316981)  
Wilfredo Tijerino, PA-C, RT(R)-Administered medications through catheter (PA9108185)  
Ashley Pena-Sanchez, RN-brought in crash cart and notified EMS (RN9337650)

F) List witnesses, including license numbers if licensed, and locating information if not listed above  
Marta Murray, RT(R) ARRT#543886

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Allergy to bovine thrombin

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Replacement of bovine thrombin with  
Recombinant Thrombin

## DOH Consumer Services

STATE OF FLORIDA  
Rick Scott, Governor

JUL 21 2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORTSUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

## I. OFFICE INFORMATION

Name of office Florida Institute for Reproductive Med.City Jacksonville Zip Code 32207 County DuvalName of Physician or Licensee Reporting Kevin Winslow, MD.Patient's address for Physician or Licensee Reporting 836 Prudential Dr. Suite 902Jax FL 32207Street Address 836 Prudential Drive, Suite 902Telephone (904) 399-5620OSR 157

License Number &amp; office registration number, if applicable

DR. WINSLOW ME 0047697

## II. PATIENT INFORMATION

Patient Name [REDACTED]

Patient's Address [REDACTED]

Donor # 667

Patient Identification Number [REDACTED]

Diagnosis [REDACTED]

Age [REDACTED]

Gender [REDACTED]

☐ Medicaid ☐ MedicareDate of Office Visit 7/11/16Purpose of Office Visit Transvaginal Oocyte RetrievalICD-9 Code for description of incident 628.9Level of Surgery (II) or (III) II

## III. INCIDENT INFORMATION

Incident Date and Time 7/11/16

Location of Incident:

☐ Operating Room☐ Other☒ Recovery RoomNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ NoA) Describe circumstances of the Incident (narrative)  
(use additional sheets as necessary for complete response)

Pt. under observation post-TVOR procedure for bloodloss.  
 Pt. remained tachycardic ranging from 107-125 bpm. Pt. vaginal bleeding minimal - slight spotting upon wiping. Pt's blood pressure remained normotensive. Abdomen remained soft upon palpation. Pt. reported pain 3/10, described as "annoying" but denied wanting Tylenol #3.

## B) ICD-9-CM Codes

628.9  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

N/A  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

None  
Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

## D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☒ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer -- e.g., death, brain damage, observation only observation for 24h  
Name of facility to which patient was transferred:  
Baptist Hospital - Downtown

- ☐ Surgical procedure performed on the wrong site \*\*
- ☐ Wrong surgical procedure performed \*\*
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

\*\* if it resulted in:

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

## E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Michelle Black, CRNA Lorena Muñoz, RN Cindy Brubaker, RN  
K. Winslow, MD Kristin Crotto, RN

See attached

## F) List witnesses, including license numbers if licensed, and locating information if not listed above

As above

## IV. ANALYSIS AND CORRECTIVE ACTION

## A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Tachycardia - Cardiac work up done - All testing  
normal pt discharged without incident to follow up  
with PCP Cardiology

## B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Continued Close Observation of all patients  
in Recovery room



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

ANDREW P AMUNATEGUL, MD  
Name of office  
Avenhuda 33180 DATE  
City Zip Code County  
ANDREW P AMUNATEGUL, MD  
Name of Physician or Licensee Reporting

21355 E DIXIE HWY #109  
Street Address  
305 931 9316  
Telephone  
ME 73972 OSR#571  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name  
Patient's Address  
2517  
Patient Identification Number  
MACBOMBSA EXCESS SKIN ABD LIPU-  
Diagnosis DISTROPHY LEAK (C/AST)

Age 7/1/16 Gender ☐ Medicaid ☐ Medicare N/A  
Date of Office Visit  
Purpose of Office Visit SURGERY  
99812  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/1/16 20:50 pm  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☒ Recovery Room  
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

NOTE: PT REVIEWED  
TACHYCARDIA  
PATIENT WITH UNEVENTFUL FIRST POSTOPERATIVE HR INRR  
C/O "LIGHTEADED" W SITTING UP CONSISTENT W VAGAL  
20 DISCOMFORT. REATTEMPTED SITTING UP AFTER 30 MIN  
(CONT IVF) PT "LIGHTEADED" SPO2 90 C/O W/POSTAL  
FLUID BOLUS GIVEN + PRESSURE > 100 SPO2 PRESSURE  
SPO2 THEN ↓ ≤ 90 W IVF. HIGH LEVEL OF SUSPICION → ALL DRUGS ↓  
→ SWELLING NOTED LEFT LOWER ABD. 911/CMS CALLED  
+ TRANSFER INITIATED. PT UNDERWENT UNEVENTFUL EVACUATION  
OF HEMATOMA (RETURN TO OR AVEAT HOS) + EVENTUAL  
UNEVENTFUL DISCHARGE. PT HAS BEEN  
SEEN IN OFFICE MULTIPLE TIMES → UNEVENTFUL  
RECOVERY SINCE EVACUATION OF HEMATOMA.



B) ICD-9-CM Codes

998.11 998.12

676.22

908.12

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting Injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>SURG EVAC / HEMATOMA</u> Name of facility to which patient was transferred: _____	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

ANDREW P AMANTERMAN MD ME 73972 OPERATING SURGEON  
 ANDREW IDOWU MD ME 122495 ANESTHESIOLOGIST  
 NANCY MERRITT RN RN 9370043 RECOVER/NURSE  
 GINA CORDEIRO CST SCRUB TECH  
 AILEEN LOZANO ALARAY CST H104601 SCRUB TECH/ASSIST

F) List witnesses, including license numbers if licensed, and locating information if not listed above

SEE ABOVE

- SPOUSE

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

1. PATIENT MAY HAVE HAD BLOOD THINNING VITAMINEFFECTS  
 (THOUGH ALL VITAMIN DIC X 2 WK) 2. PT HAD "BUCKING" DURING  
 AWAKENING FROM ANESTHESIA

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

ALL PATIENTS WILL HAVE ALL DRUG / BANDAGES  
 REMOVED PRIOR TO DISCHARGE

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

JUN 28 2016

STATE OF FLORIDA  
Rick Scott, GovernorPHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

## SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

## I. OFFICE INFORMATION

The Cardiac Vascular Institute  
Name of officeGainesville 32605 Alachua  
City Zip Code CountyArthur Lee  
Name of Physician or Licensee Reporting1151 NW 64 Terr  
Patient's address for Physician or Licensee Reporting

1151 NW 64 Terr

Street Address

352/375-1212

Telephone

ME90119 / OSR 805

License Number &amp; office registration number, if applicable

## II. PATIENT INFORMATION

Patient's Address  
154875

Patient Identification Number

Diagnosis

Age

7/11/16

Gender

M

Medicaid Medicare

Date of Office Visit

Abdominal Aortogram + Peripheral Angiography

Purpose of Office Visit

ICD-9 Code for description of incident

II  
Level of Surgery (II) or (III)

## III. INCIDENT INFORMATION

7/11/16 @ 1130  
Incident Date and Time

Location of Incident:

☒ Operating Room☒ Recovery Room☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A  
Was an autopsy performed? ☐ Yes ☐ No

## A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Pt underwent uneventful aortogram + angiography for known bilateral PAD. During recovery pt c/o numbness in (R) leg. The physician evaluated the pt and an ultrasound was performed, revealing occluded (R) Fem-Pop bypass & no distal flow. It was urgently transferred to NFRMC for treatment.

B) ICD-9-CM Codes

170.213 + 170.92

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E870.9

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

170.92

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

5.0F Micropuncture Introducer Set

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	<input type="checkbox"/> ** if it resulted in:
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Brain Damage
Outcome of transfer -- e.g., death, brain damage, observation only <u>Survival repair + D/C with 24 hours</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Arthur Leish D-ME90119-operator 9232782 Megan Paradis, RCIS, holding/recovery (96098)  
Jacqueline Pfalzgraf, RN - sedation (923282) Lynne Mercadante, RN holding/recovery (980402)  
Carlee Welch, RCIS - scrub (79231)  
Elizabeth Padgett, RCIS - recording (88926)

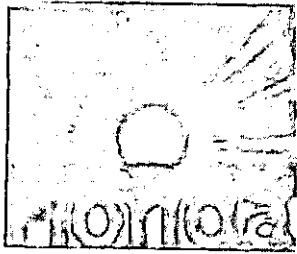
F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Unpredictable & unavoidable dislodgement of plaque in area of access. Unknown  
reason for dislodgement; possibly secondary to manual compression for hemostasis.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)



**HEALTH**

STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

JUL 26 2016

**PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT**

**SUBMIT FORM TO:**  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

**I. OFFICE INFORMATION**  
Dr. Bryan H. Heath, M.D. P.A.

Name of office  
New Smyrna Beach FL 32168 Volusia  
City Zip Code County  
Patty Osborne, RN  
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

**II. PATIENT INFORMATION**

Patient Name  
Patient's Address  
2975  
Patient Identification Number  
HX Barretts, HX Colon Polyps  
Diagnosis

308 Palmetto St  
Street Address  
(386) 957-3891  
Telephone  
RN2059512 / ME 58974  
License Number & office registration number, if applicable

Age Gender  
10/14/2016  
Date of Office Visit  
Colonoscopy/Endoscopy  
Purpose of Office Visit  
S36.00XA  
ICD-9 Code for description of Incident  
Level of Surgery (II) or (III)

**III. INCIDENT INFORMATION**

7/14/2016  
Incident Date and Time

Location of Incident:  
☐ Operating Room ☐ Recovery Room  
☒ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

**A) Describe circumstances of the incident (narrative)**  
(use additional sheets as necessary for complete response)

Patient underwent colonoscopy/endoscopy on 7/14/2016. Patient received in the recovery room noted to be groggy, with slight abdominal pain, assisted to bed. Within one hour, patient passing air, drinking water and feeling better. Vital signs stable, abdomen soft, patient discharged home with neighbor. Telephoned patient at 2PM on 7/14/2016, patient feeling better, eating, taking fluids, feels m better. Was informed on 7/15/16 patient admitted to hospital, with abdominal pain, nausea, vomiting, and syncope. Patient was diagnosed to have a splenic injury. 7/16/16 patient being treated conservatively. 7/19/16 patient continues to improve.

**B) ICD-9-CM Codes**

45378, 43235

S36.00XA

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☐ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only

Name of facility to which patient was transferred:

Patient was not transferred, [redacted] went on [redacted] own the next morning.

- ☐ Surgical procedure performed on the wrong site \*\*
- ☐ Wrong surgical procedure performed \*\*
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

\*\* if it resulted in:

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

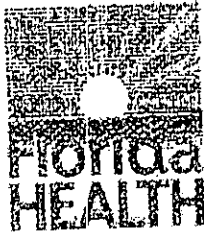
Patient went to hospital the next morning after her procedure.

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**  
None**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Very rare occurrence, no corrective action.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Complication added to consent form.



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

South Florida Vascular Associates  
Name of office

Coconut Creek 33073 Broward  
City Zip Code County

Dr. William Julien / Dr. Warren Sweet  
Name of Physician or Licensee Reporting

[Redacted]  
Patient's address for Physician or Licensee Reporting

5300 West Hillsboro Blvd #107  
Street Address

(954) 725-4141  
Telephone

ME 59991 / ME 108929 056700  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]  
Patient's Address

65092  
Patient Identification Number

Peripheral Vascular Disease  
Diagnosis

[Redacted] Age Gender

☐ Medicaid ☒ Medicare

7/28/16  
Date of Office Visit

(2) Leg Angiogram  
Purpose of Office Visit

I13.9  
ICD-9 Code for description of incident

#  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/28/16 1245  
Incident Date and Time

Location of Incident:  
☐ Operating Room  
☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A  
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

At 1245 while Pt in recovery Pt c/o itching to head and watering eyes. Dr. Sweet, who was covering for Dr. Julien at the time, was immediately notified and Benadryl 25mg IV given per his order. At 1250 Dr. Sweet at bedside to assess Pt and more Benadryl, SoluMedrol and Pepcid given. Pt Denied SOB or any Difficulty Breathing, but mild face swelling and slight slurred speech noted. Prior to Procedure the Pt confirmed allergy to PCN, cipro, and Sulfa only. Pt denies any other allergies and was not given any antibiotic. At 1325 Dr. Sweet determined the Pt needed to be transferred to North West Medical Center for further evaluation and monitoring. at 1328 EMS was called and Pt was continuously monitored until arrival with VS stable. Dr. Sweet communicated with the ER physician and OK to transfer Pt. Patient left SFVA sitting upright. AAOX3. vital Signs stable and overall in stable condition. No further neuro deficits noted.

## B) ICD-9-CM Codes

Pt in recovery

V15.0B

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

Pt monitor.

## D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only <u>overnight admission</u> Name of facility to which patient was transferred: <u>North West Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

## E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Peter Sultzbach RN 9337644

Warren Sweet MD 108929

Carolinda Villa RN 9281639

## F) List witnesses, including license numbers if licensed, and locating information if not listed above

Carla Bauerlein RN 9350235

## IV. ANALYSIS AND CORRECTIVE ACTION

## A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Possible allergic reaction to the contrast (dye) used during the procedure.

## B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Iodine contrast allergy added to patient's records/chart. Patient's emr chart has an immediate alert for anyone that accesses the chart. If any future procedures for the pt, the pt will need to be premedicated for contrast allergy.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

8/10/16

1500

DATE REPORT COMPLETED

TIME REPORT COMPLETED

STATE OF FLORIDA

AUG 19 2016



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Leesburg Dialysis Access Ctr.  
Name of office Street  
1330 CITIZENS BLVD  
City Leesburg Zip Code County  
Timothy Rogers MD  
Name of Physician or Licensee Reporting  
Patient's address for Physician or Licensee Reporting

Dialysis Vascular Access Center  
Address  
1330 CITIZENS BLVD, SUITE #201  
LEESBURG, FLORIDA (352) 435-4597  
Telephone

OSR 723  
License Number & office registration number, if applicable  
85781

II. PATIENT INFORMATION

Patient Name

Male

Gender

r

Medicaid

Medicare

of Office Visit

of Office Visit

Code for description of incident

of Surgery (II) or (III)

Patient Identification Number Purpose  
#110649 Vascular Access Mgmt.  
Diagnosis ICD-9  
Level

III. INCIDENT INFORMATION

08/04/16

Incident Date and Time

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

PT WAS INTER OP OF A RIGHT UPPER ARM AV FISTULA ANGIOPLASTY PROCEDURE APPROX 15 MIN INTO THE PROCEDURE THE PT BECAME HYPOXIC WITH O2 SATS 86% WENT TO RS STARTING WITH A CANNULA OUT HIS NOSE WITH NO IMPROVEMENT O2 WAS TURNED UP TO 15L WITH A 100% NRB O2 MASK PLACED ON PT. PT CONTINUED TO DESATURATE O2 AND NARCOTIC WAS GIVEN 0.4mg PT CONTINUED WITH UNRESPONSIVE STATE + 0.2mg ROMAZICON WAS ADMIN. WITH NO IMPROVEMENT. GIL WAS CALLED AND DR. ROGERS INITIATED THE PT. O2 SATS IMPROVED TO 95% WITH AMBU VENTILATION PT'S ABD. BECAME MORE DISTENDED THAN BEFORE. ET DR. 2 WITH EM CALLED. PT WAS RE-INTUBATED PER EMS. O2 SATS 100% PT INTUBATED OUT PER EMS. LPT EXTUBATED HIMSELF WITH O2 SATS 98%  
\* DR. CALLED + SPOKE WITH DR. ROGERS THE PT IS STABLE + TO BE DISCHARGED HOME.



**B) ICD-9-CM Codes**

36476  
Anesthesia for RFA  
 Surgical, diagnostic, or treatment  
 procedure being performed at time of  
 incident (ICD-9 Codes 01-99.9)

IN SEDATION  
 Accident, event, circumstances, or  
 specific agent that caused the injury  
 or event. (ICD-9 E-Codes)

Resulting injury  
 (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
 (Use additional sheets as necessary for complete response)

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer -- e.g., death, brain damage, observation only <u>OBSERVATION (STABILIZATION)</u> Name of facility to which patient was transferred: <u>Wesley Regional Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	--

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Alana Arnold RN, RN 2799122 ME 008571 CRT 71315  
Deirdre Rogers MD, Lucas Lancaster RRT  
Charles Schaefer RRT, CRT 38757  
Carolee Owens RN, RN 9337803  
William Burkhardt RN, RN 9419648

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

**IV. ANALYSIS AND CORRECTIVE ACTION**

**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Reaction to sedation medication.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Future appointments with Mr Richardson will be noted with this reaction. His chart has notation

V. Alana Arnold 3799-122 ME 008571  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
8/5/16 1045 AM  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

AUG 19 2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

## SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

## I. OFFICE INFORMATION

Intervase at Bay Radiology

Name of office

Panama City, FL 32401 Bay

City

Zip Code

County

Dr. Robert Bain

Name of Physician or Licensee Reporting

527 N. Palo Alto Ave.

Street Address

850-873-3990

Telephone

ME 104942 / OSR # 664

License Number &amp; office registration number, if applicable

## II. PATIENT INFORMATION

Patient's Address

163308

Patient Identification Number

Clotted

Diagnosis

Age

8-15-16

Gender

☐ Medicaid☒ Medicare

Date of Office Visit

Clotted access / Declot

Purpose of Office Visit

996.73

Jcd 10 - T82.898A

ICD-9 Code for description of incident

II

Level of Surgery (II) or (III)

## III. INCIDENT INFORMATION

8/15/16 @ 1125

Incident Date and Time

Location of Incident:

☒ Operating Room☐ Recovery Room☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ NoWas an autopsy performed? ☐ Yes ☐ No

N/A

## A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

see attached typed narrative

**B) ICD-9-CM Codes**

996.73 ICD-T82.898A

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

N/A

**D) Outcome of Incident** (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Bmc Sacred Heart</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**Robert Bain, MD - MD performing procedure - ME104942Kunal Jari, MD - Direct pt care - ME 118740Blake Jolly, RTR - Direct pt care - CRT 55788Kacey Carter, RN - Direct pt care - RN9399117**F) List witnesses, including license numbers if licensed, and locating information if not listed above**Aletha Kennedy, RN - RN3203772**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

N/A

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

N/A

## B) ICD-9-CM Codes

433.10 R010- I05.23

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident  
(Use additional sheets as necessary for complete response)

## D) Outcome of Incident: (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☒ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer - e.g., death, brain damage, observation only CVA w/ TIAName of facility to which patient was transferred:  
BMC Sacred Heart

- ☐ Surgical procedure performed on the wrong site \*\*
- ☐ Wrong surgical procedure performed \*\*
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

\*\* if it resulted in:

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

## E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Robert Bain, MD - MD performing procedure - ME 104942Kacey Carter, RN - Direct pt. care - RN 9399117Blake Jolly, RTR - Direct pt. care - CRT 55788

## F) List witnesses, including license numbers if licensed, and locating information if not listed above

Shanna Furchard, RN, CNRN RN 9179305

## IV. ANALYSIS AND CORRECTIVE ACTION

## A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

N/A

## B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

N/A

**B) ICD-9-CM Codes**

62319 Cervical or Thoracic Epidural Inject.  
Surgical, diagnostic, or treatment  
procedure being performed at time of  
incident (ICD-9 Codes 01-99.9)

Time out consent mismatch to paper consent  
Accident, event, circumstances, or  
specific agent that caused the injury  
or event. (ICD-9 E-Codes)

probable wrong site injection  
Resulting injury  
(ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**

(Use additional sheets as necessary for complete response)

GE OEC 9800 C-ARM and GE Patient monitor, Medline 20g Touhy Epidural Injection Kit, triamcinolone, dexamethasone, preservative free saline

**D) Outcome of Incident** (Please check)

note: this procedure did not result in any of the following listed.

<input type="checkbox"/> Death	<input checked="" type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in:
<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Death
Outcome of transfer – e.g., death, brain damage, observation only	<input type="checkbox"/> Brain Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Spinal Damage
	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Roland Jones MD. Performing Surgeon: ME 104540

Ben Rogers R.N. OR Nurse: RN 9227244

Lida Yajure R.N. Recovery Nurse: RN 9260244

**F) List witnesses, including license numbers if licensed, and locating information if not listed above**

Sierra Huntley MA

**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

This incident was related to communication issues. It was not clear to all involved that the intended target was lower in the thoracic region, despite the appropriate time-out. This may have been in part related to the phonetic similarities of the letters "T" and "C" representing thoracic and cervical respectively, and the patient's pain location which is essentially at the C/T junction.

**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

4 hours of formal training for ALL CLINIC STAFF in medical errors prevention to include redundant sources of procedure verification. Additional laptop with EMR to be placed at OR bedside for surgeon to review scanned consent just prior to timeout

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 104540

LICENSE NUMBER

21 August 2016

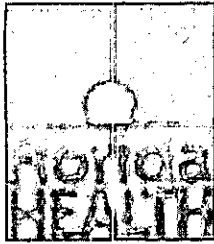
13:45

DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2



STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

SEP 07 2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Kennedy-White Orthopaedic Center

Sarasota 34232 Sarasota  
City Zip Code County

Donald Erb, D.O. 7114  
Name of Physician or Licensee Reporting

6050' Catteridge Blvd #110  
Street Address

941-365-0655  
Telephone

082940  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name

Patient's Address

10114we

Patient Identification Number

Intervertebral disc degeneration, lumbar region

Diagnosis

Age

8-22-16

Gender

F

Medicaid Medicare

Date of Office Visit

Bilateral Lumbar Facet Injection

Purpose of Office Visit

791.82 R20.1

ICD-9 Code for description of incident

II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/22/16 1730  
Incident Date and Time

Location of Incident:

☐ Operating Room  
☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No  
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

See attached summary

B) ICD-9-CM Codes

M51.36

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only <u>Observation</u> Name of facility to which patient was transferred: <u>Sarasota Memorial Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

<u>Donald Erb, D.O. - Surgeon</u>	<u>Cheryl Kilroy, RN</u>
<u>Isabel Cordero, CRNA</u>	<u>Carolyn Repeta, LPN</u>
<u>Tom Garube, PT</u>	<u>Joy Sullivan, MA</u>
<u>Trusha Patel, MD - Anesthesiologist</u>	<u>Carnie Burden - Coordinator</u>

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Patient transferred to hospital for observation

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

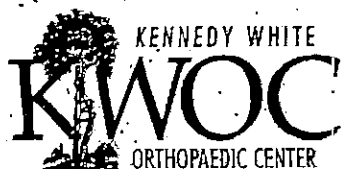
DATE REPORT COMPLETED

TIME REPORT COMPLETED

8/29/16

1735

057114



6050 Cattleridge Blvd, Suites 201 & 301, Sarasota, FL 34232  
Phone (941) 365-0655 Fax (941) 366-8043

William R. Kennedy, M.D. • Ronald P. White, M.D., P.A.  
Charles W. Rush, M.D., P.A. • Gary S. Shapiro, M.D., P.A. • Michael A. Feiertag, M.D., P.A. • Ashvin I. Patel, M.D., P.A.  
David M. Klein, M.D., P.A. • Erik S. Herman, M.D., P.A. • Sean R. Dingle, M.D., P.A. • Edward J. Stolarski, M.D., P.A.  
Patrick J. O'Neill, M.D., P.A. • Donald L. Erb, D.O., P.A. • Satinderpaul S. Satia, M.D., P.A. • Ngoc-Lam Nguyen, M.D.  
Scott D. Talbert, PA-C • James D. DellaVecchia, PA-C • Alexis T. Sockwell, PA-C • Jacqueline M. Levin, PA-C  
Viktória A. Rademaker, ARNP-C • LeAnne P. Thomas, ARNP-C

August 29, 2016

RE: [REDACTED] (101141WC)

To Whom It May Concern:

This is a summary of the events on 08/22/16 that led to a transfer from Kennedy-White Orthopaedic level to Office Surgery Center to the hospital.

This is a [REDACTED]-year-old female who is presenting for lumbar spine intraarticular facet blocks due to low back pain that she had sustained from a work comp injury. After having had conservative treatment, it was decided to try injectional therapy for her lower back. The patient had sedation for the procedure to help decrease her significant anxieties, fears, and to help facilitate placement of the needle.

She had bilateral lumbar intraarticular facet blocks at L3-L4, L4-L5, and L5-S1 on 08/22/16. After the patient had awoken from monitored anesthesia care with propofol, she was found to have a block from her waist down. The block was bilateral. The patient had the procedure performed with bupivacaine 0.5%. Since the procedure was performed at about 4:00 p.m. and the center was closing in 1-2 hours, the patient needed to be transferred to a facility to observe her for several hours until the block could wear off. The patient was therefore transferred to Sarasota Memorial Hospital at about 5:00 p.m. by the Sarasota County Emergency Medical Service.

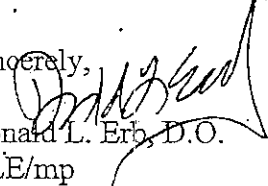
I then went to see the patient at Sarasota Memorial Hospital at about 8:00 p.m. The patient was sitting in her bed eating her dinner. She had just returned from walking to the bathroom. The patient was able to stand and ambulate at that point.

The patient was then discharged home that night without any complications.

A telephone call was placed to the patient the next day on August 23 and the patient stated that she was doing fine and that she was up walking and that she had no headache. The patient has not yet been seen back in the office. She is scheduled to return on September 12.

This summarizes the events and outcome from the prolonged block that the patient had.

Sincerely,

  
Donald L. Erb, D.O.  
DLE/mp





STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

SEP-07-2016

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Kennedy-White Orthopaedic Center

Name of office

Sarasota 34232 Sarasota

City

Zip Code

County

Donald Erb, D.O. 7114

Name of Physician or Licensee Reporting

6050 Catteridge Blvd #110

Street Address

941-365-0655

Telephone

OSR940

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name

Patient's Address

71004

Patient Identification Number

Spondylosis with radiculopathy

Diagnosis

Age

8/22/16

Gender

F

Medicaid

Medicare

Date of Office Visit

Radiofrequency

Purpose of Office Visit

G97.82 R20.1

ICD-9 Code for description of Incident

II  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/22/16

1725

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

See attached summary



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bldg C75  
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Vascular & Interventional Physicians

Name of office

Gainesville 32605 USA

City Zip Code County

B. Wiechmann MD

Name of Physician or Licensee Reporting

see above

Patient's address for Physician or Licensee Reporting

6685 NW 9th Blvd

Street Address

352-333-7847

Telephone

OSR 6666

License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]

Patient Name

[Redacted]

Patient's Address

7687558

Patient Identification Number

Alcoholic Cirrhosis of liver with

Diagnosis GI bleed & varices

[Redacted]

Age Gender

8-31-16

Date of Office Visit

Paracentesis (Therapeutic)

Purpose of Office Visit

54.91

ICD-9 Code for description of Incident

Level 1

Level of Surgery (I) or (II)

☐ Medicaid ☒ Medicare

III. INCIDENT INFORMATION

8-31-16 @ 1125 AM

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Recovery Room

☒ Other procedure room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No

Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the Incident (narrative)

(use additional sheets as necessary for complete response)

See attached note